


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90146 002 ***150.00

DOCUMENT # P94000078727	
1. Entity Name BELLE AVENUE CORPORATION	

DO NOT WRITE IN THIS SPACE

40023099

2. Principal Place of Business 1145 BELLE AVE. Suite, Apt. #, etc.	3. Mailing Address 2316 GILBERT MILL RD. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State WINTER SPRINGS, FL	City & State COTTONDALE, FL	4. FEI Number 593279723	Applied For Not Applicable
Zip 32708	Country US	Zip 32431	Country US
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name ROGER LONSWAY	
Street Address (P.O. Box Number is Not Acceptable) 2316 GILBERT MILL RD. -	
City COTTONDALE, FL	Zip Code 32431

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **ROGER LONSWAY** **FEB. 21, 2005**
(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE PRESIDENT	NAME ROGER LONSWAY	TITLE	
STREET ADDRESS 2316 GILBERT MILL RD.	CITY-ST-ZIP COTTONDALE, FL 32431	STREET ADDRESS	
TITLE DIRECTOR	NAME ROGER LONSWAY	TITLE	
STREET ADDRESS 2316 GILBERT MILL RD.	CITY-ST-ZIP COTTONDALE, FL 32431	STREET ADDRESS	
TITLE	NAME	TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with another line empowered.

SIGNATURE:  **ROGER LONSWAY** **2-21-05** **850-638-7412**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)