
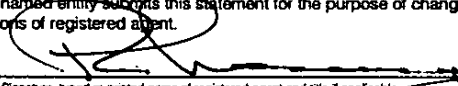
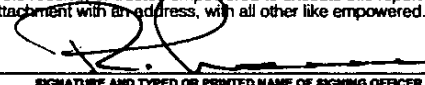


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90085 050 \*\*\*150.00

DOCUMENT # P94000078727			
1. Entity Name BELLE AVENUE CORPORATION		Principal Place of Business 1145 BELLE AVE WINTER SPRINGS, FL 32708 US	
2. Principal Place of Business		Mailing Address 2316 GILBERT MILL RD CHIPLEY, FL 32428 US	
Suite, Apt. #, etc.		3. Mailing Address P.O. Box 620818	
City & State		Suite, Apt. #, etc.	
City & State OVIDO, FL		4. FEI Number 59-3279723	
Zip 32762		Country US	
Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LONSWAY, ROGER 2316 GILBERT MILL RD COTTONDALE, FL 32431		7. Name and Address of New Registered Agent Name SCOTT POWELL Street Address (P.O. Box Number is Not Acceptable) 5381 RED LEAF CT. City OVIDO FL Zip Code 32765	
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 		DATE APRIL 14, 2006	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LONSWAY, ROGER 2316 GILBERT MILL RD COTTONDALE, FL 32431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT POWELL 5381 RED LEAF CT. OVIDO, FL 32765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONSWAY, ROGER 2316 GILBERT MILL RD COTTONDALE, FL 32431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		APRIL 14, 2006 850-638-7412	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50013275



04152006 Chg-P CR2E034 (11/05)