

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000042281

1. Entity Name
BELLADONNA ENTERPRISES, INC.



Principal Place of Business
2740 JAFFERY DRIVE
ORLANDO, FL 32835

Mailing Address
P.O. BOX 1684
WINDEMERE, FL 34786

FILED

Apr 18, 2007 08:00 AM
Secretary of State

DO NOT WRITE IN THIS SPACE

03062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3318037	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FRAGANO, MARY-GRACE
2740 JAFFERY DRIVE
ORLANDO, FL 32835

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IN THIS SPACE**

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: *Mary Grace Fragano, President* 4-13-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAGANO, MARY-GRACE 2740 JAFFERY DRIVE ORLANDO, FL 32835
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04/26/07-80105-008 150.00

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: *Mary Grace Fragano, President* 4-13-07 407-246-6074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #