
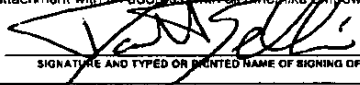


**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90086 010 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P96000000288</b>		
1. Entity Name <b>BELLINI MANAGEMENT, INC.</b>		
Principal Place of Business <b>2803 W. BUSCH BLVD. SUITE 204 TAMPA, FL 33618</b>		Mailing Address <b>2803 W. BUSCH BLVD. SUITE 204 TAMPA, FL 33618</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
8. Name and Address of Current Registered Agent  <b>BELLINI, DAVID V 2803 W. BUSCH BLVD. SUITE 204 TAMPA, FL 33618</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTCD BELLINI, DAVID V 2803 W. BUSCH BLVD., SUITE 204 TAMPA, FL 33618	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BELLINO, LANA 2803 N BUSCH BLD STE 204 TAMPA, FL 33618	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: 		Date: <b>1/18/07</b> Daytime Phone #: <b>813-935-7100</b>

40000110



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3352302**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**