## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000083186

**Entity Name:** BELMONT INTERNATIONAL, INC.

FILED Apr 26, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

17757 US HWY 19 N 1201 S. HIGHLAND AVENUE

UNIT 7 STE 270

CLEARWATER, FL 33764 CLEARWATER, FL 33756

**Current Mailing Address:** New Mailing Address:

17757 US HWY 19 N 1201 S. HIGHLAND AVENUE STE 270 UNIT 7

CLEARWATER, FL 33764 CLEARWATER, FL 33756

FEI Number: 59-3471143 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

LOVELACE, WILLIAM K WARD, SUSAN 2310 WEST BAY DRIVE 1201 S. HIGHLAND AVENUE

LARGO, FL US UNIT 7 CLEARWATER, FL 33756 US

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.

SIGNATURE: SUSAN WARD 04/26/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: ( ) Delete

WARD, PETER Name:

17757 US HWY 19 N STE 270 Address:

City-St-Zip: CLEARWATER, FL 33764

Title: () Delete

Name: WARD, SUSAN

17757 US HWY 19 N STE 270 Address:

CLEARWATER, FL 33764 City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition

WARD, PETER Name:

1201 S. HIGHLAND AVENUE, UNIT 7 Address:

City-St-Zip: CLEARWATER, FL 33756

Title: (X) Change ( ) Addition

Name: WARD, SUSAN

Address: 1201 S. HIGHLAND AVENUE, UNIT 7

CLEARWATER, FL 33756 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER WARD DP 04/26/2006