

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90858 044 \*\*\*150.00

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

40094081



04242007 Chg-P CRZE034 (12/08)

DOCUMENT # P98000050067			
1. Entity Name ELAINE LITTLE BELL, P.A.			
Principal Place of Business 1121 GLENGARRY CIRCLE MAITLAND, FL 32751 US		Mailing Address 1121 GLENGARRY CIRCLE MAITLAND, FL 32751 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEJ Number 59-3510700		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  BELL, ELAINE L 1121 GLENGARRY CIRCLE MAITLAND, FL 32751		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u>Elaine L Bell</u> <small>Signature, typed or printed name of registered agent acceptable (NOTE: Registered Agent signature required when re-registering)</small> DATE: _____			
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$650.00		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	D BELL, ELAINE L 1121 GLENGARRY CIRCLE MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Elaine L Bell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR</small>		Date: <u>4-25-07</u> 407.647-2397 <small>Daytime Phone #</small>	