

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-12-2007 90105 026 \*\*\*150.00

<b>DOCUMENT # S23675</b> 1. Entity Name <b>BELLIZZI ENTERPRISES, INC.</b>					
Principal Place of Business <b>AUTO BODY CLINIC</b> <b>1403 S.E. 10TH STREET</b> <b>CAPE CORAL, FL 33990</b>			Mailing Address <b>AUTO BODY CLINIC</b> <b>1403 S.E. 10TH STREET</b> <b>CAPE CORAL, FL 33990</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0234612</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BELLIZZI, ROBERT</b> <b>1403 S.E. 10TH STREET</b> <b>CAPE CORAL, FL 33990</b>			Name <b>GEORGE BELLIZZI</b> Street Address (P.O. Box Number is Not Acceptable) <b>1403 SE 10th STREET</b> City <b>CAPE CORAL</b> <b>FL</b> <b>33990</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 <i>George Bellizzi</i> <b>GEORGE BELLIZZI</b> <b>1-31-07</b> <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>PD</b> <b>BELLIZZI, ROBERT</b> <b>1403 S.E. 10TH STREET</b> <b>CAPE CORAL, FL</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GEORGE BELLIZZI</b> <b>1403 SE 10TH STREET</b> <b>CAPE CORAL, FL 33990</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		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: <i>George Bellizzi</i> <b>GEORGE BELLIZZI</b> <b>1-31-07</b> <b>239-574-2324</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					