


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90199 027 \*\*\*150.00

**DOCUMENT # S48358**

1. Entity Name  
**BELVEDERE BUSINESS PARK, INC.**



Principal Place of Business      Mailing Address

~~1560 LATHAM ROAD~~ **2257 Vista Pkwy**      ~~1560 LATHAM ROAD~~ **2257 Vista Pkwy**  
~~SUITE 7 #17~~      ~~SUITE 7 #17~~  
~~WEST PALM BEACH, FL 33409-33411~~      ~~WEST PALM BEACH, FL 33409-33411~~



2. Principal Place of Business      3. Mailing Address

**2257 Vista Parkway**      **2257 Vista Parkway**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**17**      **17**

04252006      Chg-P      CR2E034 (11/05)

City & State      City & State

**West Palm Beach, FL**      **West Palm Beach, FL**  
 Zip      Country      Zip      Country  
**33411**      **US**      **33411**      **US**

4. FEI Number      Applied For

**65-0254695**       Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCRANEY, STEVEN E**  
~~1560 LATHAM ROAD~~ **2257 Vista Pkwy**  
~~SUITE 7~~ **#17**  
~~WEST PALM BEACH, FL 33409-33411~~

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	<b>MCCRANEY, STEVEN E</b>
STREET ADDRESS	<del>1560 LATHAM ROAD #7</del> <b>2257 Vista Pkwy</b>
CITY-ST-ZIP	<del>WEST PALM BEACH, FL 33409-33411</del> <b>#17 33411</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>MCCRANEY, MARIA M</b>
STREET ADDRESS	<del>1560 LATHAM ROAD #7</del> <b>2257 Vista Pkwy</b>
CITY-ST-ZIP	<del>WEST PALM BEACH, FL 33409-33411</del> <b>#17 33411</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *James R. M... CONTROLLER*      Date: 4/26/06      Daytime Phone #: 561-478-4300