2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 30, 2006 8:00 am Secretary of State DOCUMENT # V19790 1. Entity Name 03-30-2006 90035 049 ***150.00 BELLEAIR JEWELRY AND PAWN, INC. Principal Place of Business Mailing Address % DAVID E. PLATTE, ESQ. 603 INDIAN ROCKS ROAD BELLEAIR FL 34616 400 WEST BAY DRIVE **LARGO FL 34640** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 59-3111538 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PLATTE, DAVID E 603 INDIAN ROCKS ROAD **BELLEAIR FL 34616** 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 FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE DST Delete TITLE Change NAME NAME WELLS, JESSE STREET ADDRESS STREET ADDRESS 2919 WEST BAY DRIVE CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770** CITY-ST-ZIP ☐ Delete Addition DΡ NAME WELLS, DEBORAH STREET ADDRESS 2928 WEST BAY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BELLEAIR BLUFFS FL 33770 TATLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Defete Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 at trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

borah Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED