

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90137 001 \*2,250.00

**DOCUMENT # J38722**

1. Entity Name  
**KALIJE BELLE, INC.**



Principal Place of Business <b>4600 46TH AVE          PO BOX 276          CORTEZ, FL 34215</b>	Mailing Address <b>4600 46TH AVE          PO BOX 276          CORTEZ, FL 34215</b>
---	---

**DO NOT WRITE IN THIS SPACE**

**66012519**



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2819958</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BELL, DOUGLAS  
 8708 50 AVE W  
 BRADENTON, FL 34210**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BELL, WALTER T. 12115 45TH AVE, W CORTEZ, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BELL, CALVIN E. 12115 45TH AVE, W CORTEZ, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST BELL, CARL DOUGLAS 8708 50TH AVE, W. BRADENTON, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Walter Belle *pres*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Walter Belle

**APR 30 2008**  
 Date  
 2417941249  
 Daytime Phone #