

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005090

FILED  
Apr 17, 2006  
Secretary of State

Entity Name: BERKSHIRE SETTLEMENTS, INC.

## Current Principal Place of Business:

3350 RIVERWOOD PARKWAY  
SUITE 2270  
ATLANTA, GA 30339

## New Principal Place of Business:

## Current Mailing Address:

3350 RIVERWOOD PARKWAY  
SUITE 2270  
ATLANTA, GA 30339

## New Mailing Address:

FEI Number: 20-0927272      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NEFF, RITA JEAN  
Address: 3949 POTOMAC DRIVE  
City-St-Zip: KENNESAW, GA 30144

Title: V ( ) Delete  
Name: BAILIFF, C. MICHAEL  
Address: 1715 22ND AVE. NORTH  
City-St-Zip: LAKE WORTH, FL 33460

Title: S ( ) Delete  
Name: LOY, SARAH CARROLL  
Address: 1209 GABLES DR.  
City-St-Zip: ATLANTA, GA 30319

Title: T (X) Delete  
Name: LOY, PHILIP R  
Address: 2596 OAK VILLAGE PLACE  
City-St-Zip: MARIETTA, GA 30062

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: NEFF, RITA JEAN  
Address: 3949 POTOMAC DRIVE  
City-St-Zip: KENNESAW, GA 30144

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH C. LOY

S

04/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date