2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002931

FILED Apr 30, 2009 Secretary of State

Entity Nai	me: BERING	ER CIACCIO DENNELL MABF	REY, INC.			
Current Principal Place of Business:			New Principal Place of Business:			
1015 N. 98 OMAHA, N	SST., STE. 30 NE 68114	0				
Current Mailing Address:			New Mailing Address:			
1015 N. 98 OMAHA, N	SST., STE. 30 NE 68114	0				
FEI Number:	: 20-0466211	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
		12TH FLOOR 207 US				
	named entity e of Florida.	submits this statement for the	purpose of changing	its registered	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	CP (DENNELL, JAI 1015 N. 98 ST OMAHA, NE 6	., STE. 300	Title: Name: Address: City-St-Zip:	CP DENNELL, J. 1015 N. 98 S OMAHA, NE	ST., STE. 300	
Title: Name: Address: City-St-Zip:	VCVP (BARDUSON, \$ 2210 S MILL A TEMPE, AZ 8	AVE. STE. 7	Title: Name: Address: City-St-Zip:	VCVP STREHLE, K 1015 N. 98 S OMAHA, NE	ST., STE. 300	
Title: Name: Address: City-St-Zip:	DT (MABREY, ROI 1015 N. 98 ST OMAHA, NE 6	., STE. 300	Title: Name: Address: City-St-Zip:	DS MABREY, RO 1015 N. 98 S OMAHA, NE	ST., STE. 300	
Title: Name:	DS (FISCHMAN, D) Delete AVID C.	Title: Name:	DT FISCHMAN.	(X) Change()Addition DAVID C	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: JAMES K. DENNELL CP 04/30/2009

1015 N. 98 ST., STE. 300

() Delete

OMAHA, NE 68114

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

1015 N. 98 ST., STE. 300

BARDUSON, STEVEN W

2210 S. MILL AVE., STE 7 TEMPE, AZ 85282

() Change (X) Addition

OMAHA, NE 68114