

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F73872

1. Entity Name
THE BERKLEY GROUP, INC.



Principal Place of Business
3015 N. OCEAN BLVD
SUITE 121
FT. LAUDERDALE, FL 33308

Mailing Address
3015 N. OCEAN BLVD
SUITE 121
FT. LAUDERDALE, FL 33308

07 MAY 25 AM 10:48
STATE
TALLAHASSEE, FLORIDA



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2170299 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

FOSTER, REBECCA A
3015 N. OCEAN BLVD.
#121
FT. LAUDERDALE, FL 33308

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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, 2007 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	DC LAMBERT, JAMES E 3015 N OCEAN BLVD STE 121 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FOSTER, REBECCA A 3015 N OCEAN BLVD, STE 121 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT LANDAU, MARC 3015 N OCEAN BLVD, STE 121 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OTTINO, J P III 3015 N OCEAN BLVD, STE 121 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLANSKY, BRUCE 3015 N OCEAN BLVD, STE 121 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIERHOLZER, LARRY 3015 N OCEAN BLVD, STE 121 FORT LAUDERDALE, FL 33308

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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 any other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # 954.563.2444