

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000018223

FILED
Feb 14, 2006
Secretary of State

Entity Name: BERTCON, INC.

Current Principal Place of Business:

9218 WHIPPOORWILL TRAIL
JUPITER FARMS, FL 33478

New Principal Place of Business:

9218 WHIPPOORWILL TRAIL
JUPITER, FL 33478

Current Mailing Address:

9218 WHIPPOORWILL TRAIL
JUPITER FARMS, FL 33478

New Mailing Address:

9218 WHIPPOORWILL TRAIL
JUPITER, FL 33478

FEI Number: 65-1079337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDINA, JOSE ESQ
2506 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

KOLSKI, STEVE ESQ
2600 DOUGLAS ROAD
CORAL GABLES, FL 33134 US

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: STEVE KOLSKI

02/14/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEBIEN, HUMBERTO
Address: 9218 WHIPPOORWILL TRAIL
City-St-Zip: JUPITER FARMS, FL 33478

Title: D () Delete
Name: DEBIEN, CONNIE
Address: 9218 WHIPPOORWILL TRAIL
City-St-Zip: JUPITER FARMS, FL 33478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEBIEN, HUMBERTO
Address: 9218 WHIPPOORWILL TRAIL
City-St-Zip: JUPITER, FL 33478

Title: D (X) Change () Addition
Name: DEBIEN, CONNIE
Address: 9218 WHIPPOORWILL TRAIL
City-St-Zip: JUPITER, FL 33478

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: CONNIE DE BIEN

D

02/14/2006

Electronic Signature of Signing Officer or Director

Date