2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2005 8:00 am Secretary of State

DOCUMENT # P0100060007 1. Entity Name BERDELLZ, INC.				02-02-2005 90052 013 ***150.00				
Principal Plac	te of Business	Mailing Address						
119 WINGED) FOOT LANE N, FL 33431	119 WINGED FOOT LANE						
DUCA KATU	N, FL 33431	BOCA RATON, FL 33431						
えらい Suite, Apt.	o St Applicus Bud	3. Mailing Address 21346 St An	hews B	ivd				11.
#18	+187			0126		Chg-P	CR2E034 (10/03)
BO CA	Retun, FL	Boca Raton	FL	I .	El Numbe 35-111			Applied For Not Applicable
22022	Country	オないるへ	ountry	5. C	ertificate	of Status Desired	□ \$8.75 A	
77172	6. Name and Address of Current I	Registered Agent	USA	7. N	ame and	Address of New	Fee Requi	red
		<u></u>	Name	James		1011	riegistereu Agent	
O'DELL, J	AMES SED FOOT LN		Street Ac			r is Not Acceptal	nle) O I	
ì	TON, FL 33431		217	346 3	A K	Wrews	11 W 14	87
			City D	St. Co. Y	2.1		Et Zin.Co	dia ~
9. The above	e named entity submits this statement to	the purpose of changing the rea	istered office or	maistered and	10470	DV)	FL 35	433
the obligat	tions of Agistered agent.	the perpose or changing its reg	stered office or	registered age	ent, or oo:	n, in the State of I	Ionda. I am familiar wil	h, and accept
CICALATURE	Greenes WO	300						
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE: Per	istered Agent signatu	re required when rei	nstating)		DATE	
			-					
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign 9 Trust Fund Contribu		\$5.00 M Added to F	ay Be ees			
10.	OFFICERS AND	DIRECTORS	11.	AD	DITIONS/	CHANGES TO OF	FICERS AND DIRECTO	RS IN 11
TITLE	D	Delete	TALE				Change	Addition
NAME	O'DELL, JAMES W		NAME STAGES ADDRESS	212116	()_)	عديمان	BILL HISS	_
STREET ADDRESS CITY-ST-ZIP	119 WINGED FOOT LANE BOCA RATON, FL 33431		STREET ADDRESS CITY-ST-2IP	015410 D- 0	8.1	WATE WS	Blud, #188	
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STREET ADDRESS								
CiTY-ST-7/P			STREET ADDRESS					i
CITY-ST-ZIP		Tholoro	CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			F3 ph	[**] Addition
CITY-ST-ZIP TITLE NAME		□ Delete		· · · · · · · · · · · · · · · · · · ·			☐ Change	Addition
TITLE Name Street address		☐ Delata	CITY-ST-ZIP TIFLE NAME STREET ADDRESS				☐ Change	Addition
TITLE NAME		☐ Deleta	CITY-ST-ZIP TITLE NAME				□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		□ Delete	CITY-ST-Z:P TITLE NAME STREET AODRESS CITY-ST-Z:P TITLE			***************************************	☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			CITY-ST-ZIP TITLE NAME STREET AODRESS CITY-ST-ZIP TITLE NAME			***************************************		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP 12. Libertoby	certify that the information supplied with	Delete	CITY-ST-ZIP TIFLE NAME STREET AODRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP EXPERITED STATE EXPER	ed in Section 1	19 07(3)), Florida Statute:	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 1 hereby indicated	certify that the information supplied with 1 on this report or supplemental report is poration or the receiver or trustee empt to or an artachment with an address, v	Delete This filing does not qualify for the true and accurate and that my s	CITY-ST-Z:P TIFLE NAME STREET ADDRESS CITY-ST-Z:P TIFLE NAME STREET ADDRESS CITY-ST-Z:P exemption stall in	ave the same in	enal effec	t as if made unde	Change 5. I further certify that the	Addition