

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000154645

Entity Name: BERTBIZ, INC.

FILED  
Jul 05, 2005  
Secretary of State

**Current Principal Place of Business:**

903 E NEW HAVEN AVE  
MELBOURNE, FL 32901

**New Principal Place of Business:**

903 E NEW HAVEN AVE  
SUITE#5  
MELBOURNE, FL 32901

**Current Mailing Address:**

903 E NEW HAVEN AVE  
MELBOURNE, FL 32901

**New Mailing Address:**

903 E NEW HAVEN AVE  
SUITE #5  
MELBOURNE, FL 32901

FEI Number: 20-1944524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KRASNY, SCOTT  
304 S HARBOR CITY BLVD STE 201  
MELBOURNE, FL 32901 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: D ( ) Delete  
Name: BERTEL, RICK  
Address: 903 E NEW HAVEN AVE  
City-St-Zip: MELBOURNE, FL 32901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BERTEL, RICK  
Address: 903 E NEW HAVEN AVE SUITE #5  
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICK BERTEL

D

07/05/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date