2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 469090

1. Entity Name
FRED BERGER,CO., INC.

Principal Place of Business	Mailing Address
1634 ARABIAN LANE	1634 ARABIAN LANE
PALM HARBOR, FL 34685 US	PALM HARBOR, FL 34685 US

DO NOT WRITE IN THIS SPACE

03152006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-6064860	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BERGER, HAROLD F
1634 ARABIAN LN
PALM HARBOR, FL 34685

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000513420 04/29/06-80127-020 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BERGER, HAROLD
STREET ADDRESS	1634 ARABIAN LANE
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	VSD
NAME	DIKMAN, BEVERLY
STREET ADDRESS	1634 ARABIAN LANE
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: _____   aoto Pres   4-15-06   7277810390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #