


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90349 024 ***150.00

DOCUMENT # 222469	
1. Entity Name BERMUDA COURT INC	

Principal Place of Business 211 N OAK ST LANTANA, FL 33462-2928	Mailing Address 211 N OAK ST #12 LANTANA, FL 33462-2928 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address <input checked="" type="checkbox"/> 7810 Edgewater Dr. <input checked="" type="checkbox"/> Suite, Apt. #, etc. <input checked="" type="checkbox"/> City & State W. Palm Beach, FL <input checked="" type="checkbox"/> Zip 33406 Country U.S.A
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01112006 Chg-P CR2E034 (11/05)

4. FEI Number
59-1508117

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

6. Name and Address of Current Registered Agent DEWAN, LENORE 211 N. OAK ST. #12 LANTANA, FL 33462	
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7. Name and Address of New Registered Agent <input checked="" type="checkbox"/> Name VUOKKO OLSOON <input checked="" type="checkbox"/> Street Address (P.O. Box Number is Not Acceptable) 7810 Edgewater Dr. <input checked="" type="checkbox"/> City W. Palm Beach <input checked="" type="checkbox"/> State FL Zip Code 33406	
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 <input checked="" type="checkbox"/> [Signature] P.O.A. VUOKKO OLSOON, President 4-11-06	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLSSON, VUOKKO 3810 LAKE WORTH ROAD LAKE WORTH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEWAN, LENORE 211 N. OAK ST., #12 LANTANA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEWAN, LENORE 211 N. OAK ST. #12 LANTANA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ☒ **[Signature]** P.O.A. **4-11-06** **561-371-8240**

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