2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #472321

1. Entity Name

BERNWOOD ENTERPRISES, INC.



FILED Mar 24, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

6100 ESTERO BLVD

P O BOX 2579 FT MYERS BEACH, FL 33932 US 6100 ESTERO BLVD P O BOX 2579

FT MYERS BEACH, FL 33932

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1583683

03192008

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ECHOLS, LARRY A 6100 ESTERO BLVD FT MYERS BEACH, FL 33932

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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, 2008 Fee will be \$550.00		Election Campaign Trust Fund Contribution		\$5.00 May Be Added to Fees	000000868530 04/09/08-80011-018 150	0.60
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RITTER, PAUL D 65 EAST STATE STREET COLUMBUS, OH 43215					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERNET, VIRGINIA N 26140 HICKORY BLVD S.W., # 101 BONITA SPRINGS, FL 34134					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HORDYCH, GERALD J 91 CATAWBA DRIVE NORTH EAST, PA 16428			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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 the empoyered.

SIGNATURE:

PES OR PRINTED NAME OF BENING OFFICER OR DIRECTO

18/08 814-898-1656