## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G18576

Entity Name: BERLIN SIGN COMPANY, INC.

PICKETT, TRAM H

ENGLEWOOD, FL

141 ENGLEWOOD GNDS CT

Name:

Address:

City-St-Zip:

FILED Apr 19, 2006 Secretary of State

LINITY NAME: BERLIN SIGN COMPANT, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
264 BAHAI VENICE, F	MA STREET L 34285				
Current Mailing Address:			New Mailing Address:		
264 BAHAI VENICE, F	MA STREET L 34285				
FEI Number:	59-2255615	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
264 BAHÁI 141 ENGLI	CATHERINE B MA STREET EWOOD GND: L 34285 US				
The above in the State		ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () BERLIN, JOHN I 1450 BAYSHOR ENGLEWOOD,	E DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () BERLIN, JEAN I 1450 BAYSHOR ENGLEWOOD,	E DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DSTV () PICKETT, CATH 141 ENGLEWO ENGLEWOOD,	OD GAR. CT.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title	VPM ()	Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CATHERINE PICKETT DSTV 04/19/2006