


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90013 023 \*\*\*150.00

<b>DOCUMENT # K19674</b> 1. Entity Name <b>BERTRAM &amp; BERTRAM, INC.</b>					
Principal Place of Business <b>4522 CLARCONA OCOEE ROAD ORLANDO, FL 32810</b>				Mailing Address <b>4522 CLARCONA OCOEE ROAD ORLANDO, FL 32810</b>	
2. Principal Place of Business		3. Mailing Address <b>1461 FAIRWAY OAKS DR.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>CASSELBERRY FL</b>		4. FEI Number <b>59-2948866</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32707</b>		Country <b>USA</b>		01102006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>BERTRAM, PAUL JR 4522 CLARCONA OCOEE RD ORLANDO, FL 32810</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1461 FAIRWAY OAKS DRIVE</b> City <b>CASSELBERRY</b> <b>FL</b> Zip Code <b>32707</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BERTRAM, PAUL JR 4522 CLARCONA OCOEE RD ORLANDO, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>1461 FAIRWAY OAKS DRIVE CASSELBERRY FL 32707</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BERTRAM, MARSHA 4522 CLARCONA OCOEE RD ORLANDO, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>1461 FAIRWAY OAKS DRIVE CASSELBERRY FL 32707</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	<input type="checkbox"/> Delete		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 like empowered.					
SIGNATURE: <b>Marsha R Bertram</b> <b>2/9/06</b> <b>409 695-7124</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					