FILED 2008 FOR PROFIT CORPORATION ANNUAL REPORT Apr 14, 2008 08:00 Al Secretary of State DOCUMENT #L33707 1. Entity Name BERKOVITS & COMPANY P.A. Principal Place of Business Mailing Address 8211 W BROWARD BLVD 8211 W BROWARD BLVD SUITE 340 SUITE 340 PLANTATION, FL 33324 PLANTATION, FL 33324 US CR2E034 (11/05) No Cha-P 04112008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0155567 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BERKOVITS, JOE S. 8211 W BROWARD BLVD **SUITE 340** IN THIS SPACE PLANTATION, FL 33324 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) U00000895750 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/24/08-80080-012 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BERKOVITS, JOE 8211 WEST BROWARD BLVD. STREET ADDRESS CITY-ST-ZIP PLANTATION, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. Thereby 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR