2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State
02-15-2006 90041 049 ***150.00

DOCUMENT # L37012

1. Entity Name
BERLIN & DENYS, INC.

Principal Place of Business	Mailing Address
% GEORGE F. DENYS 161 N CAUSEWAY SUITE 5 NEW SMYRNA BEACH, FL 32169	% GEORGE F. DENYS 161 N CAUSEWAY SUITE 5 NEW SMYRNA BEACH, FL 32169

02102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
801 Magnolia Street	801 Magnolia Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Smyrna Beach, FL	City & State: New Smyrna Beach, FL
Zip: 32168 Country: USA	Zip: 32168 Country: USA

4. FEI Number: 59-2980395 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DENYS, GEORGE F 161 N CAUSEWAY SUITE 5 NEW SMYRNA BEACH, FL 32169	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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] George F Denys CEO 2/10/06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENYS, GEORGE 2505 CONE LAKE DR N SMYRNA BCH, FL 32168	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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] CEO 2/10/06 386-427-4510