

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 % GEORGE F. DENYS 161 N CAUSEWAY SUITE 5 NEW SMYRNA BEACH, FL 32169	Mailing Address % GEORGE F. DENYS 161 N CAUSEWAY SUITE 5 NEW SMYRNA BEACH, FL 32169
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2. Principal Place of Business 801 Magnolia Street	3. Mailing Address 801 Magnolia Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State New Smyrna Beach, FL	City & State New Smyrna Beach, FL
Zip 32168	Zip 32168
Country USA	Country USA

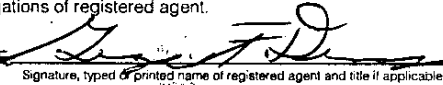


02102006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent DENYS, GEORGE F 161 N CAUSEWAY SUITE 5 NEW SMYRNA BEACH, FL 32169	
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4. FEI Number 59-2980395	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional, Fee Required	

7. Name and Address of New Registered Agent	
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, typed or printed name of registered agent and title if applicable	George F Denys ^{CEO} (NOTE: Registered Agent signature required when reinstating)
	2/10/06 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DENYS, GEORGE	NAME	
STREET ADDRESS	2505 CONE LAKE DR	STREET ADDRESS	
CITY-ST-ZIP	N SMYRNA BCH, FL 32168	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  Signature, typed or printed name of registered agent and title if applicable	George F Denys ^{CEO} 2/10/06 386-427-4510