2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2009
Secretary of State

DOCUMENT# N00000003989

Entity Name: BERYLS RESOURCES CENTER, INC.

Current Principal Place of Business:

3120 MARINA WAY
LANTANA, FL 33462

New Principal Place of Business:

6718 HATTERAS DRIVE
LAKE WORTH, FL 33467

Current Mailing Address:

6718 HATTERAS DRIVE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 65-1021682 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMPSON, DESMOND
6718 HATTERAS DR
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: THOMPSON, DESMOND
Address: 3120 MARINA WAY
City-St-Zip: LANTANA, FL 33462

Title: VP ( ) Delete
Name: MILLS, MICHAEL
Address: 5477 NW 106TH DR
City-St-Zip: CORAL SPRING, FL 33076

Title: T ( ) Delete
Name: CLARKE, RONALLY
Address: 4516 BARCLAY CRESENT
City-St-Zip: LAKE WORTH, FL 33462

Title: S ( ) Delete
Name: THOMPSON, ALTON
Address: 350 E TAYLOR ST #3206
City-St-Zip: SAN JOSE, CA 95112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: THOMPSON, DESMOND
Address: 6718 HATTERAS DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: CLARKE, RONALLY
Address: 4551 S.W. DARWIN BLVD
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DESMOND THOMPSON P 08/30/2009
Electronic Signature of Signing Officer or Director — Date