

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002479

FILED  
May 18, 2006  
Secretary of State

Entity Name: BERNADONE CORPORATION

**Current Principal Place of Business:**

550 SW 12 AVE  
DEERFIELD BCH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

550 SW 12 AVE  
DEERFIELD BCH, FL 33442

**New Mailing Address:**

FEI Number: 35-2164083      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

**Name and Address of New Registered Agent:**

PRICE, DAVID T ESQUIRE  
550 SW 12 AVE  
DEERFIELD BCH, FL 33442      US

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: D      ( ) Delete  
Name: NAPORA, ELIZABETH  
Address: 2292 WILTON DR  
City-St-Zip: WILTON MANORS, FL 33305

Title: D      ( ) Delete  
Name: PRICE, DAVID T  
Address: 550 SW 12 AVE  
City-St-Zip: DEERFIELD BCH, FL 33442

Title: D      ( ) Delete  
Name: FOUNTAINE, KENNETH  
Address: 2292 WILTON DR  
City-St-Zip: WILTON MANORS, FL 33305

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KENNETH FOUNTAINE

D

05/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date