


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2007 8:00 am
Secretary of State

06-13-2007 90004 012 ****61.25

DOCUMENT # N02000002479					
1. Entity Name BERNADONE CORPORATION					
Principal Place of Business 550 SW 12 AVE DEERFIELD BCH, FL 33442			Mailing Address 550 SW 12 AVE DEERFIELD BCH, FL 33442		
2. Principal Place of Business - No P.O. Box # 6401 Lyons Rd.		3. Mailing Address 6401 Lyons Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Coconut Creek, FL		City & State Coconut Creek, FL		4. FEI Number 35-2164083	
Zip 33073		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRICE, DAVID T ESQUIRE 550 SW 12 AVE DEERFIELD BCH, FL 33442			7. Name and Address of New Registered Agent Name <u>Price, David T Esquire</u> Street Address (P.O. Box Number is Not Acceptable) <u>6401 Lyons Road</u> City <u>Coconut Creek</u> <u>FL</u> <u>33073</u>		
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 <u>DAVID T. PRICE</u> 6-11-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAPORA, ELIZABETH 2292 WILTON DR WILTON MANORS, FL 33305	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, DAVID T 550 SW 12 AVE DEERFIELD BCH, FL 33442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Price, David T 6401 Lyons Rd. Coconut Creek, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOUNTAIN, KENNETH 2292 WILTON DR WILTON MANORS, FL 33305	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: <u>DAVID T. PRICE</u> 6-11-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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904-421-9399