


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000038844**  
1. Entity Name  
**PAUL R. BERG, P.A.**



Principal Place of Business      Mailing Address  
**3333 20TH STREET**      **3333 20TH STREET**  
**VERO BEACH FL 32960**      **VERO BEACH FL 32960**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/05)  
4. FEI Number **65-0999771**      Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**BERG, PAUL R**  
**3333 20TH STREET**  
**VERO BEACH FL 32960**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when constituting)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$650.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS |                     |                                 |
|----------------------------|---------------------|---------------------------------|
| TITLE                      | PD                  | <input type="checkbox"/> Delete |
| NAME                       | BERG, PAUL R        |                                 |
| STREET ADDRESS             | 3333 20TH STREET    |                                 |
| CITY-ST-ZIP                | VERO BEACH FL 32960 |                                 |
| TITLE                      |                     | <input type="checkbox"/> Delete |
| NAME                       |                     |                                 |
| STREET ADDRESS             |                     |                                 |
| CITY-ST-ZIP                |                     |                                 |
| TITLE                      |                     | <input type="checkbox"/> Delete |
| NAME                       |                     |                                 |
| STREET ADDRESS             |                     |                                 |
| CITY-ST-ZIP                |                     |                                 |
| TITLE                      |                     | <input type="checkbox"/> Delete |
| NAME                       |                     |                                 |
| STREET ADDRESS             |                     |                                 |
| CITY-ST-ZIP                |                     |                                 |
| TITLE                      |                     | <input type="checkbox"/> Delete |
| NAME                       |                     |                                 |
| STREET ADDRESS             |                     |                                 |
| CITY-ST-ZIP                |                     |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  |
|---|--|--|
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME  |  |  |
| STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |  |  |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME  |  |  |
| STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |  |  |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME  |  |  |
| STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |  |  |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME  |  |  |
| STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |  |  |

UN00000458141  
03/17/06-80033-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: \_\_\_\_\_ **2/28/06 7725628111**