2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# P00000055861

Entity Name: CHINABERRY ENTERPRISES, INC.

Current Principal Place of Business:

3119 NEW JERSEY RD.
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

3119 NEW JERSEY RD.
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 59-3651807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COWARD, GEORGE T
3119 NEW JERSEY RD.
LAKELAND, FL 33803 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KILBURN, DAVID P
Address: 3119 NEW JERSEY RD.
City-St-Zip: LAKELAND, FL 33803

Title: V ( ) Delete
Name: SHUFFLEBARGER, JOHN B
Address: LAKE VICTORIA DR
City-St-Zip: LAKELAND, FL 33813

Title: S ( ) Delete
Name: KILBURN, L. DENISE
Address: 3119 NEW JERSEY RD.
City-St-Zip: LAKELAND, FL 33803

Title: T ( ) Delete
Name: SHUFFLEBARGER, KATHY JO
Address: 5730 LAKE VICTORIA DRIVE
City-St-Zip: LAKELAND, FL 33813

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:

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 Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY JO SHUFFLEBARGER T 01/06/2005

Electronic Signature of Signing Officer or Director — Date