
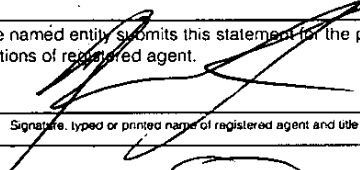
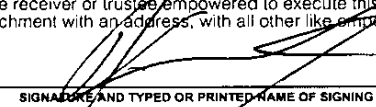


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90237 043 \*\*\*150.00

<b>DOCUMENT # P01000100718</b> 1. Entity Name <b>BERRICK &amp; ASSOCIATES, P.A.</b>			
Principal Place of Business <b>1700 NORTH UNIVERSITY DRIVE STE 301 CORAL SPRINGS, FL 33071</b>		Mailing Address <b>1700 NORTH UNIVERSITY DRIVE SUITE 301 CORAL SPRINGS, FL 33071</b>	
2. Principal Place of Business - No P.O. Box # <b>4792 W Commercial Blvd</b>		3. Mailing Address <b>4792 W Commercial Blvd</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>TAMARAC FL</b>		City & State <b>TAMARAC FL</b>	
Zip <b>33319</b>		Zip <b>33319</b>	
Country <b>USA</b>		Country <b>USA</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>BERRICK, KENNETH 9066 NW 52 COURT CORAL SPRINGS, FL 33067</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Kenneth Berrick</b> Street Address (P.O. Box Number is Not Acceptable) <b>4792 W Commercial Blvd</b> City <b>TAMARAC</b> <b>FL</b> Zip Code <b>33319</b>	
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  DATE <b>5/1/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BERRICK, KENNETH-PAUL. A 1700 N UNIVERSITY DR #301 CORAL SPRINGS, FL 33071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Kenneth-Paul A. Berrick 4792 W Commercial Blvd TAMARAC FL 33319</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	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	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 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.			
<b>SIGNATURE:</b> 		Date <b>5/1/08</b> Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			