

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110719

FILED
Mar 21, 2007
Secretary of State

Entity Name: BERKSHIRE TRUST ADVISORY SERVICES CORPORATION

Current Principal Place of Business:

4811 BEACH BOULEVARD
SUITE 200A
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4811 BEACH BOULEVARD
SUITE 200A
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 05-0559799 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHORT, FREDERICK R JR
3733 UNIVERSITY BLVD WEST
SUITE 203
JACKSONVILLE, FL 32217 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: DPC () Delete
Name: SOLKOFF, SCOTT M
Address: 1901 SOUTH CONGRESS AVENUE STE 350
City-St-Zip: BOYNTON BEACH, FL 33426

Title: DT () Delete
Name: BERG, REBECCA L
Address: 4811 BEACH BLVD SUITE 200
City-St-Zip: JACKSONVILLE, FL 32207

Title: DS () Delete
Name: WALDOCH, LAUACHLIN T
Address: 1024 E PARK AVE
City-St-Zip: TALLAHASSEE, FL 32301

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT M SOLKOFF

P

03/21/2007

Electronic Signature of Signing Officer or Director

_____ Date