

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110719

FILED
Apr 28, 2009
Secretary of State

Entity Name: BERKSHIRE TRUST ADVISORY SERVICES CORPORATION

Current Principal Place of Business:

4540 SOUTHSIDE BOULEVARD
SUITE 302
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4540 SOUTHSIDE BOULEVARD
SUITE 302
JACKSONVILLE, FL 32216

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: 4540 SOUTHSIDE BOULEVARD, STE 302
City-St-Zip: JACKSONVILLE, FL 32216

Title: DS () Delete
Name: WALDOCH, LAUCLIN T
Address: P O BOX 229
City-St-Zip: TALLAHASSEE, FL 32302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPC (X) Change () Addition
Name: SOLKOFF, SCOTT M
Address: 2605 W ATLANTIC AVE STE A103
City-St-Zip: DELRAY BEACH, FL 33445

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 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 SOLKOFF

DPC

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date