2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000043936

Entity Name: WILLIAM BERRY, INCORPORATED

FILED Jan 26, 2007 Secretary of State

Current P	rincipal Place of I	Business:	New Princ	ipal Place	of Business:	
	RSE CIRCLE CRES, FL 33936	US				
Current Mailing Address:			New Mailing Address:			
	RSE CIRCLE CRES, FL 33936	US				
FEI Number	: 65-1172821 FI	El Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desire	d()
Name and	Address of Curr	ent Registered Agent:	Name and	Address o	f New Registered Agent:	
	VILLIAM H RSE CIRCLE CRES, FL 33936	US				
	named entity subresof Florida.	nits this statement for the p	ourpose of changing i	ts registered	d office or registered agent,	or both,
SIGNATUI	RE:					
	Electronic S	ignature of Registered Ag	ent		Date	
Election Ca	mpaign Financing Tru	st Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	P () Dele BERRY, WILLIAM H 559 BOURSE CIRCI LEHIGH ACRES, FL	LE	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	V () Dele MATTON, RODGER 14171 GEORGIAN C FORT MYERS, FL 3	G CIR APT# 201	Title: Name: Address: City-St-Zip:	MATTON, RO 14171 GEOR	(X) Change () Addition DDGER G RGIAN CIR APT# 201 RS, FL 33912 US	
Title: Name: Address: City-St-Zip:	S () Dele STANWORTH, BREI 4522 21ST STREET LEHIGH ACRES, FL	NT L S W	Title: Name: Address: City-St-Zip:	STANWORT 4522 21ST S	(X) Change () Addition H, BRENT L STREET S W RES, FL 33971 US	
Title: Name: Address:	T (X) Dele GOREN, NAOMI A 14171 GEORGIAN O		Title: Name: Address:		() Change () Addition	

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.

City-St-Zip:

SIGNATURE: WILLIAM BERRY P 01/26/2007

FORT MYERS, FL 33912

City-St-Zip: