2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059448

Entity Name: RAZBERRY, INC.

FILED Apr 15, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

77360 OVERSEAS HIGHWAY ISLAMORADA, FL 33036

Current Mailing Address: New Mailing Address:

PO BOX 544

ISLAMORADA, FL 33036

FEI Number: 81-0617307 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRAGASSA, HELEN
PO BOX 544
ISLAMORADA, FL 33036
US
BRAGASSA, HELEN
204 PLANTATION DRIVE
TAVERNIER, FL 33070
US

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: HELEN BRAGASSA 04/15/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 BRAGASSA, HELEN
 Name:
 BRAGASSA, HELEN

 Address:
 645 VALHALLA WAY, APT. 113
 Address:
 204 PLANTATION DRIVE

 City-St-Zip:
 LAKE MARY, FL 32746
 City-St-Zip:
 TAVERNIER, FL 33070

Title: PRES () Delete Title: () Change () Addition

 Name:
 WAGNER, DANIEL D PRES
 Name:

 Address:
 785 ISLAND CT
 Address:

 City-St-Zip:
 COLUMBUS, OH 43214
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 WAGNER, STEVENTON S VP
 Name:

 Address:
 2581 MEADOWSHIRE RD
 Address:

 City-St-Zip:
 GALENA, OH 43021
 City-St-Zip:

Title: SEC () Delete Title: () Change () Addition

Name: WAGNER, ROBERT C SEC Name:
Address: 104 ATLANTIC LANE Address:
City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip:

Title: **TRES** Title: () Delete **TRES** (X) Change () Addition BRAGASSA, HELEN M TRES Name: Name: BRAGASSA, HELEN M TRES 645 VALHALLA WAY #113 Address: 204 PLANTATION DRIVE Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: TAVERNIER, FL 33070

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: HELEN BRAGASSA TRES 04/15/2007