2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 13, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Jan 13, 2006 08:00 A			
DOCUMENT # P03000142921 1. Entity Name RICHARD BERRY, INC.					Se	cretary	of State
706 51ST TERRACE 706 51ST TER		Mailing Address 706 51ST TERRACE CAPE CORAL, FL 33914		4 (20)(00 7 fil	F3 F3 F3 83 F4 F4 F3 F4 F4 F4 F4 F4 F4 F4	OF PERSON DE LINE AUTO	IN HINDY AMINOT II TERI
. ,		Service Control	01092006 No Chg-P CR2E034 (11/05)				
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe			Applied For Not Applicable
	and the second s		Mark Comments		of Status Desired		75 Additional Required
	6. Name and Address of Current Re	gistered Agent				T TELLY	The state of the s
BERRY, RICHARD 706 51ST TERRACE CAPE CORAL, FL 33914			The state of the s	Thomas and the second	NOT W	t mrragaditti (t.)	
	named entity submits this statement for the lions of registered agent.	<u> </u>			h, in the State of Flo	orida. I am famili	ar with, and accept
Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registere FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registere				.00 May Be		OATE.	
10.	OFFICERS AND DI	RECTORS			The second secon		
NAME STREET ADDRESS CITY-ST-ZIP	DPST BERRY, RICHARD 706 51ST TERRACE CAPE CORAL, FL 33914						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				THE STATE OF THE S			A Section Control of the Control of
TITLE NAME STREET ADDRESS				- Francis va 44 a	±01/18/06		14. 150.00
CITY-ST-ZIP			_		NOT W		
NAME STREET ADDRESS			All the same franchis	1	THIS SP		and the second of the second o
CITY-ST-ZIP					A CONTROL OF THE PARTY OF THE P		
NAME STREET ADDRESS				The state of the s		The second secon	
CITY-ST-ZIP	İ						

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.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vidob 239-28/-1179