2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2007 8:00 am **Secretary of State DOCUMENT # P04000066909** 1. Entity Name 05-02-2007 90058 035 ***150.00 K P BERNATH ENTERPRISES, INC. Principal Place of Business Mailing Address 4973 MAYBANK WAY 4973 MAYBANK WAY JACKSONVILLE, FL 32225 US JACKSONVILLE, FL 32225 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-1031446 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERNATH, KAREN Street Address (P.O. Box Number is Not Acceptable) 4973 MAYBANK WAY JACKSONVILLE, FL 32225 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retrustating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIN FEE IS \$150.00 Trust Fund Contribution. After May 1, 20\$7 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition BERNATH, KAREN NAME NAME STREET ADDRESS 4973 MAYBANK WAY STREET ADDRESS JACKSONVILLE, FL 32225 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIBE ☐ Change ☐ Addition NAME BERNATH, CHUCK NAME STREET ADDRESS 4973 MAYBANK WAY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32225 CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77P TITLE Delete TITLE Change | ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Dalete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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.