

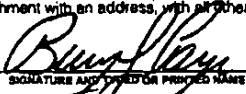


FILED
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90045 011 ***158.75

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000165783		
1. Entity Name BERRY JOE PAYNE SURVEYOR, INC.		
Principal Place of Business 2120 SOUTH RIDGEWOOD AVE UNIT 2A EDGEWATER, FL 32141 US		Mailing Address 2120 SOUTH RIDGEWOOD AVE UNIT 2A EDGEWATER, FL 32141 US
DO NOT WRITE IN THIS SPACE		
		40118817 
		01222007 No Chg-P CR2E034 (11/05)
4. FEI Number 65-1237427		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
PAYNE, BERRY J 2120 SOUTH RIDGEWOOD AVE UNIT 2A EDGEWATER, FL 32141		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rehashing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST PAYNE, BERRY J 2120 SOUTH RIDGEWOOD AVE EDGEWATER, FL 32141	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
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:  BERRY J PAYNE		X 04-11-2007 (386) 409-5388
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>