


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90075 020 ***150.00

DOCUMENT # P04000170404	
1. Entity Name PAUL BERTOLAMI, INC.	

Principal Place of Business P.O. BOX 273269 BOCA RATON, FL 33427	Mailing Address P.O. BOX 273269 BOCA RATON, FL 33427
--	--

2. Principal Place of Business 6751 N Federal Hwy.	3. Mailing Address 6751 N Federal Hwy.
Suite, Apt. #, etc. Suite 202	Suite, Apt. #, etc. Suite 201

City & State Boca Raton, FL	City & State Boca Raton, FL
---------------------------------------	---------------------------------------

Zip 33487	Country US	Zip 33487	Country US
---------------------	----------------------	---------------------	----------------------

03222006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2045696	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

REED, RANDALL H CPA
2424 N. FEDERAL HIGHWAY, STE 200
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name Randall H. Reed CPA
Street Address (P.O. Box Number is Not Acceptable) 6751 N. Federal Hwy. Suite 201
City Boca Raton
State FL
Zip Code 33487

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 	DATE 3-31-06
---	------------------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

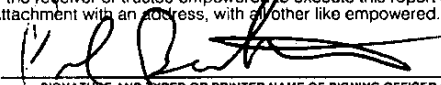
10. OFFICERS AND DIRECTORS

TITLE A	<input checked="" type="checkbox"/> Delete
NAME REED, RANDAL	
STREET ADDRESS PO BOX 273269	
CITY-ST-ZIP BOCA RATON, FL 33427	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Paul Bertolami	
STREET ADDRESS 15310 Strathearn Dr. #11503	
CITY-ST-ZIP Delray Beach, FL 33446	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 	DATE 04/07/06	DAYTIME PHONE # 954-849-0334
--	-------------------------	--

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR