2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 25, 2008 08:00 AN Secretary of State **DOCUMENT # P05000076011** THE MICHAEL A. BERMAN GROUP, INC. Principal Place of Business Mailing Address 17 SUNSET CAY ROAD 17 SUNSET CAY ROAD KEY LARGO, FL 33037 KEY LARGO, FL 33037 CR2E034 (11/05) 04182008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2516191 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LYNN, SANDRA T DO NOT WRITE 830 N KROME AVENUE HOMESTEAD, FL 33030 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. Signature, typed or printed name of registered exect and title if applicable (NOTE, Registered Agent signature required when reinstating) 000000921891 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 05/15/08-80026-001 150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS P/D TITLE BERMAN, MICHAEL A NAME STREET ADDRESS 17 SUNSET CAY ROAD CITY-\$1-ZIP KEY LARGO, FL 33037 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-S1-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 annowance 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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

> no SIGNATURE AND TYPED OF ED NAME OF SIGNING OFFICER OR DIRECTOR