

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076192

FILED
Apr 15, 2006
Secretary of State

Entity Name: DOUGLAS BERRING INVESTMENTS INC.

Current Principal Place of Business:

2368A FLANDERS WAY
SAFETY HARBOR, FL 34695

New Principal Place of Business:

3673 STAGHORN AVENUE
NORTH PORT, FL 34286 US

Current Mailing Address:

2368A FLANDERS WAY
SAFETY HARBOR, FL 34695

New Mailing Address:

3673 STAGHORN AVENUE
NORTH PORT, FL 34286 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4TH FL
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: DOUGLAS, EMMETTT
Address: 2368A FLANDERS WAY
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: BERRING, WILLIAM J
Address: 2368A FLANDERS WAY
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: BERRING, JUDITH
Address: 2368A FLANDERS WAY
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: DOUGLAS, DEBORAH
Address: 2368A FLANDERS WAY
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: DOUGLAS, EMMETTT
Address: 3673 STAGHORN AVENUE
City-St-Zip: NORTH PORT, FL 34286

Title: D (X) Change () Addition
Name: BERRING, WILLIAM J
Address: 3673 STAGHORN AVENUE
City-St-Zip: NORTH PORT, FL 34286

Title: D (X) Change () Addition
Name: BERRING, JUDITH
Address: 3673 STAGHORN AVENUE
City-St-Zip: NORTH PORT, FL 34286

Title: D (X) Change () Addition
Name: DOUGLAS, DEBORAH
Address: 3673 STAGHORN AVENUE
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J. BERRING

D

04/15/2006

Electronic Signature of Signing Officer or Director

_____ Date