## - 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT DOCUMENT # P05000100303** 1. Entity Name

Principal Place of Business

D BERRY DESIGN STUDIO, INC

Mailing Address

2109 BAYSHORE BLVD #401

2109 BAYSHORE BLVD #401

TAMPA, FL 33606

TAMPA, FL. 33606



01072007

No Chg-P

CR2E034 (11/05)

**FILED** 

Jan 16, 2007 08:00 A Secretary of State

4. FEI Number 27-0127345

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

RICHARD, BERRY C 2109 BAYSHORE BLVD #401 TAMPA, FL 33606

DO	) NO	T W	RITE
	THIS		
		) OF	AUE

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am f	amiliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registere	d Agent signature	required when reinstating)	DATE	
FILI After Ma	E NOW!!! FEE IS \$150.00 By 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	8334.75s3.72 255725557344	sylöstäre <b>s</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERRY, DOMINIQUE M 2109 BAYSHORE BLVD #401 TAMPA, FL 33606					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERRY, RICHARD C 2109 BAYSHORE BLVD #401 TAMPA, FL 33606			01	U00000585965 7167 <b>07</b> -80034-016	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	Ξ.
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-S1-ZIP						
TITLE NAME STREET ADDRESS						

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: 人心

CITY-ST-ZIP