2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Jan 29, 2007 08:00 AM DOCUMENT # P05000136299 **Secretary of State** LOREE BERG & ASSOCIATES INC. Principal Place of Business Mailing Address 170 CYPRESS CLUB DRIVE #712 POMPANO BEACH FL 33060 170 CYPRESS CLUB DRIVE #712 POMPANO BEACH FL 33060 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo BERG, LOREE M Street Address (P.O. Box Number is Not Acceptable) 170 CYPRESS CLUB DRIVE #712 POMPANO BEACH FL 33060 City Zin Code 8. The above named entity submits this statement for the purpose of changing its registered effice 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 agent and little it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ח THLE ☐ Change ■ Addition ☐ Delete TITLE BERG, LOREE M NAME 000000607791 01/31/07-80051-014 150.00 170 CYPRESS CLUB DRIVE #712 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition BERG, TRACY L NAME 2215 ATLANTIC BEV BLVD. STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34949 CiTY-S1-ZIP CHY-SI-ZIP ши Delete IIItE Change Addition NAME STREET ADDRESS STRELT ADDRESS CITY-ST-ZIP CITY - S1-7IP HILE ☐ Detete TITLE ☐ Change Addition NAME NAME SERFFE ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP THEF Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CLTY - ST - ZIP THE Delete TILLE Addition Change NAMÉ. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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 attachmont, with an address, with all other like empowered.

1-27-06 954-783-9280