2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000014233

Entity Name: EMILY BERRY, P.A.

FILED Apr 18, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 70143 2429 ACADEMY CIRCLE EAST ST. CLOUD, FL 34770

#106

KISSIMMEE, FL 34744

Current Mailing Address: New Mailing Address:

P.O. BOX 70143 2429 ACADEMY CIRCLE EAST ST. CLOUD, FL 34770

#106

KISSIMMEE, FL 34770

FEI Number: 20-4131565 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HEMPHILL, JAMES C HEMPHILL, JAMES C 1134 NEW YORK AVENUE 1134 NEW YORK AVENUE ST. CLOUD, FL 347693782 US ST. CLOUD, FL 34769

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: 04/18/2007

> Date Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

BERRY, EMILY BERRY, EMILY Name: Name: P.O. BOX 701403 Address:

Address: 2429 ACADEMY CIRCLE EAST #106

City-St-Zip: ST. CLOUD, FL 34770 City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: EMILY C BERRY **PRES** 04/18/2007