2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 17, 2008 08:00 AN Secretary of State DOCUMENT # P06000039280 CBERK DEVELOPMENT, INC. Mailing Address Principal Place of Business 1403 SEAWAY DRIVE 1403 SEAWAY DRIVE FORT PIERCE, FL 34949 FORT PIERCE, FL 34949 US Republikan Bulana ara Shekarika kenjiri 01152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required DO NOT WRITE 6. Name and Address of Current Registered Agent MCCARTY, JAMES H JR 2940 SOUTH 25TH STREET FORT PIERCE, FL 34981 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 100000787325 10. OFFICERS AND DIRECTORS TITLE BERKELEY, CHRISTOPHER P NAME STREET ADDRESS 1403 SEAWAY DRIVE FORT PIERCE, FL 34949 CITY - ST - ZIP 01/17/00-80077-019 TSO:00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

ING OFFICER OR DIRECTOR

772-559-858

FILED