


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90114 015 ***150.00

DOCUMENT # P06000078615 1. Entity Name ROSEBERRY CONSULTANTS, INC.					
Principal Place of Business C/O MARK I. INGBER, C.P.A., P.A. 10100 WEST SAMPLE RD SUITE 326 CORAL SPRINGS, FL 33065 US			Mailing Address C/O MARK I. INGBER, C.P.A., P.A. 10100 WEST SAMPLE RD SUITE 326 CORAL SPRINGS, FL 33065 US		
2. Principal Place of Business - No P.O. Box # 1430 South Federal Highway		3. Mailing Address Suite, Apt. #, etc. #201			
City & State Deerfield Beach FL		City & State Deerfield Beach FL			
Zip 33441		Country US		4. FEI Number 20-5045826	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BERRY, III, WILLIAM H 4521 CARAMBOLA CIRCLE SOUTH COCONUT CREEK, FL 33066			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD/S ROSEFIELD, JONAH 6384 WEST SAMPLE ROAD CORAL SPRINGS, FL 33067		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/T BERRY, III, WILLIAM H 4521 CARAMBOLA CIRCLE SOUTH COCONUT CREEK, FL 33066		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>William H. Berry III</u> <u>Jonah Rosefield</u> <u>4/27/07</u> <u>954-510-0109</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					