


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P06000123334**  
 1. Entity Name  
**BERLI, INC.**



**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**3280 S. BLACK MOUNTAIN DR.  
 INVERNESS, FL 34450**

Mailing Address  
**3280 S. BLACK MOUNTAIN DR.  
 INVERNESS, FL 34450**



01292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**87-0785918** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NELSON, JOHN A  
 2218 HIGHWAY 44 WEST  
 INVERNESS, FL 34453**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERLI, PETER 3401 S. CROSSBILL LOOP INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTIN, JOHN C 3280 S. BLACK MOUNTAIN DR. INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN, DONNA L 3280 S. BLACK MOUNTAIN DR. INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, JENNIFER 2409 S. SHELLY AVE. INVERNESS,, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/11/08-80011-020 150.00

**DO NOT WRITE IN THIS SPACE**

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: Jennifer A. Martin Secretary 01/29/08 (352)344-2711  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #