


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90096 007 ***150.00

DOCUMENT # P93000086363

1. Entity Name
BERK PHOTOGRAPHY, INC.



Principal Place of Business Mailing Address
1207-13TH AVENUE W **1207-13TH AVENUE W**
BRADENTON, FL-34205 **BRADENTON, FL-34205**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1543 Robinson Dr N **same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
St. Petersburg FL **FL**
 Zip Country Zip Country
33710 **USA**

03302007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0456399 Not Applicable


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



6. Name and Address of Current Registered Agent
BERK, TAMMY J.
4405 DOLPHIN LN.
PALMETTO, FL 34221

7. Name and Address of New Registered Agent
 Name: **Tammy Berk**
 Street Address (P.O. Box Number is Not Acceptable):
1543 Robinson Dr N
 City: **St. Petersburg** **FL** Zip Code: **33710**

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:  DATE: **4/19/07**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 | PSTD BERK, TAMMY J 1207-13TH AVE BRADENTON, FL 34205 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAZZU, PATTI 1425 OAK HILL DR. #104 DUNEDIN, FL 34698 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1543 Robinson Dr N St. Petersburg FL 33710 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1425 Oak Hill Dr # 104 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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:  Date: **4/19/07** Daytime Phone #: **941-527-8111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR