

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-14-2007 90096 007 \*\*\*150.00

<b>DOCUMENT # P93000086363</b>					
<b>1. Entity Name</b> BERK PHOTOGRAPHY, INC.					
<b>Principal Place of Business</b> 1207-13TH AVENUE W BRADENTON, FL 34205			<b>Mailing Address</b> 1207-13TH AVENUE W BRADENTON, FL 34205		
<b>2. Principal Place of Business - No P.O. Box #</b> 1543 Robinson Dr N		<b>3. Mailing Address</b> Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> St. Petersburg FL		<b>City &amp; State</b> FL		<b>4. FEI Number</b> 65-0456399	
<b>Zip</b> 33710		<b>Country</b> USA		<b>Country</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> BERK, TAMMY J. 4405 DOLPHIN LN. PALMETTO, FL 34221			<b>7. Name and Address of New Registered Agent</b> Name: Tammy Berk Street Address (P.O. Box Number is Not Acceptable): 1543 Robinson Dr N City: St. Petersburg FL Zip Code: 33710		
<b>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.</b>					
SIGNATURE:				DATE: 4/19/07	
(NOTE: Registered Agent signature required when reinstating)				FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	
<b>9. Election Campaign Financing</b> <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PSTD <b>NAME</b> BERK, TAMMY J. <b>STREET ADDRESS</b> 1207-13TH AVE <b>CITY-ST-ZIP</b> BRADENTON, FL 34205	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> 1543 Robinson Dr N <b>NAME</b> ST. PETERSBURG FL <b>STREET ADDRESS</b> 33710 <b>CITY-ST-ZIP</b>	
<b>TITLE</b> D <b>NAME</b> MAZZU, PATTI <b>STREET ADDRESS</b> 1425 OAK HILL DR. #104 <b>CITY-ST-ZIP</b> DUNEDIN, FL 34698	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> - <b>NAME</b> - <b>STREET ADDRESS</b> - <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> - <b>NAME</b> - <b>STREET ADDRESS</b> - <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> - <b>NAME</b> - <b>STREET ADDRESS</b> - <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> - <b>NAME</b> - <b>STREET ADDRESS</b> - <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b>				DATE: 4/19/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE # 941.527.8111	