2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 20, 2006 08:00 AM Secretary of State DOCUMENT # P94000044993 t. Entity Name BERRY INFOCOM, INC. Principal Place of Business Mailing Address 2140 BRUECKNER DR. 2140 BRUECKNER DR. SARASOTA, FL 34231 SARASOTA, FL 3423T 02032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0511183 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERRY, DAVE DO NOT WRITE 2140 BRUECKNER DR. SARASOTA, FL 34231 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) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOWIN FEE IS \$150.00 UD0000522337 03/06-80027-Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 002 150.00 10. OFFICERS AND DIRECTORS D TITLE NAME BERRY, DAVE STREET ADDRESS 2140 BRUECKNER DR. CITY-ST-ZIP SARASOTA, FL 34231 TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP MARKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 supplier that it am an officer or director of the corporation or the receiver or histee 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 flying all other like graposycred.

FILED