2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 09, 2007 08:00 AM **Secretary of State** DOCUMENT # P97000045547 BERGOWE, INC. Principal Place of Business Mailing Address 1599 SW 30 AVENUE 1599 SW 30 AVENUE SUITE 7 SUITE 7 BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 01272007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0755461 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILBERG, RANDY DO NOT WRITE 759 MANATEE BAY DR. BOYNTON BEACH, FL 33435 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 Signature, typed or printed name of registered agent and little (I applicable (NOTE; Registered Agent signature required when reinstating) DATE U000000629092 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 02/16/07-80043-012 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 1IITE NAME GOWER, RODNEY D STREET ADDRESS 6744 ALDEN RIDGE DRIVE CITY-ST-ZIP BOYNTON BEACH, FL 33437 D TITLE MILBERG, RANDY R NAME STREET ADDRESS 759 MANATEE BAY DR CITY-ST-ZIP BOYNTON BEACH, FL 33435 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CiTY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 ceth; 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 bring attachment with an address, with all other like empowered.

SIGNATURE

NAME STREET ADDRESS CITY-STaZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

RODNEY GOWER

2/1/07

561-742-9333

Daylime Phone #

FILED