2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 11, 2007 08:00 Al Secretary of State **DOCUMENT # P97000104631** 1. Entity Name J.C. BERTRAND CONSULTANTS, INC. Principal Place of Business Mailing Address 7315 WINDEMERE LANE 7315 WINDEMERE LANE UNIVERSITY PARK, FL 34201 UNIVERSITY PARK, FL 34201 No Chg-P 01242007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0799273 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent BARTLETT, CHARLES J DO NOT WRITE 2033 MAIN STREET, STE. 600 SARASOTA, FL 34237 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. CHARLEBOIS-BERTRAND, JACQUELINE NAME STREET ADDRESS 7315 WINDEMERE LANE CITY-ST-ZIP UNIVERSITY PARK, FL 34201 NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY ST-ZIP IN THIS SPACE TITLE NAME

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 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

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