2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P98000073198 1. Entity Name BERKSHIRE INVESTORS GROUP, INC. Principal Place of Business Maiting Address 3020 S. FLORIDA AVE 3020 S. FLORIDA AVE

FILED Feb 12, 2007 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

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LAKELAND, FL 33803

01242007 No Chg-P		CR2E034 (11/05)			
4. FEI Number			Applied F	or	
59-35290	079		Not Appli	cable	
5. Certificate of	Status Desired		\$8.75 Additional		

6. Name and Address of Current Registered Agent

ADAMS, ROBERT J 3020 S. FLORIDA AVE STE 101 LAKELAND, FL 33803

SIGNATURE:

SIGNATURE AND TYPED OR PRI

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the obligations of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registere	d Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	naing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS			•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, ROBERT J 3020 S. FLORIDA AVE STE 101 LAKELAND, FL 33803				Hooooooo		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ADAMS, D. JOEL 3020 S. FLORIDA AVE STE 101 LAKELAND, FL 33803				000000631108 02/20/07-80034-004 150.00		
TITLE NAME STREET ADDRESS CHY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby indicated of the column changed	certify that the information supplied with this I on this report or supplemental report is true poration or the receiver or trustee empowers , or on an attachment with an address, with a	iling does not qualify for the ex and accurate and that my signa d to execute this report as requi Il other like empowered.	emptions con ture shall hav ired by Chap	tained in Chapter 11 e the same legal effe er 607, Florida Statut	 Florida Statutes, I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if 		

NTED NAME OF SIGNING OFFICER OR DIRECTOR

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