200 g FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: ∠

FILED DOCUMENT # S19697 1. Entity Name BERCON CORP. 09 MAY 19 AM R: 11 SECRETARY OF STATE Principal Place of Business Mailing Address 617 E COLONIAL 7031-GRAND NATIONAL DR. TALLAHASSEE, FLORIDA 7031 GRAND NATIONAL DR. ORLANDO, FL STE 106 B STE 106 B ORLANDO, FL 32819 32803 ORLANDO, FL 32819 US No Chg-P 07292008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3045569 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent BERMAN, GUSTAVO DO NOT WRITE 7031 GRAND NATIONAL DR. STE 106 B IN THIS SPACE ORLANDO, FL 32819 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 reinstation) DATE \$5.00 May Be 100137492390 Added to Feet 0/80/08--01037--020 **550.00 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 12, 2008 10. OFFICERS AND DIRECTORS TITLE BERMAN, GUSTAVO DANIEL NAME STREET ADDRESS 7031 GRAND NATIONAL DR STE, 106 B 000137492390 05/19/09--01015--011 ***700.00 ORLANDO, FL 32819 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ISTATEMENT STREET ADDRES DO NOT WRITE TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TOTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this fling 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 employed 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 the information.

INTED NAME OF SIGNING OFFICER OR DIRECTOR