
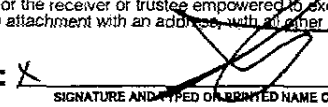


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # H76398 1. Entry Name BARRY E. SCHMOYER & ASSOCIATES, INC.		
Principal Place of Business 1747 INDEPENDENCE BLVD E-8 SARASOTA, FL 34234 US	Mailing Address P. O. BOX 49827 SARASOTA, FL 34230 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TIM GENSMER 2831 RINGLING BLVD. SUITE 202A SARASOTA, FL 34237		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SCHMOYER, BARRY E. 4932 HIDDEN OAKS TRAIL SARASOTA, FL 34232	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 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: 		Date 4/26/06 Daytime Phone # 841-853-4447



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2585417	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/08/06-80094-001 150.00

**DO NOT WRITE
IN THIS SPACE**