


AMENDED
2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 DEC -3 PM 3:59

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P93000055221
 1. Entity Name
BARRY AND ASSOCIATES, INC.



Principal Place of Business 150 S.R. 434 SUITE 1086 ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 150 S.R. 434 SUITE 1086 ALTAMONTE SPRINGS, FL 32714 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3208977	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BARRY, MICHAEL J
116 WILD HOLLY LN
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)

<input type="checkbox"/> Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME BARRY, MICHAEL J	
STREET ADDRESS 160 S.R. 434 #1086	
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BARRY, YANIRA L.	
STREET ADDRESS 160 S.R. 434 #1086	
CITY-ST-ZIP Altamonte Springs, FL 32714	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), 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 fees empowered.

SIGNATURE: Michael J. Barry Michael J. Barry, President, Nov. 25, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE0034 (10/02)