2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 04, 2007 08:00 Al Secretary of State **DOCUMENT # P96000073948** 1. Entity Name BOB BARRA BONDS, INC. Principal Place of Business Mailing Address 8575 NW 52 PLACE 8575 NW 52 PLACE CORAL SPRINGS, FL 33067 CORAL SPRINGS, FL 33067 US No Chg-P CR2E034 (11/05) 04022007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0697251 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE BARRA, ROBERT 8575 NW 52 PLACE CORAL SPRINGS, FL 33067 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE BARRA, ROBERT 8575 NW 52 PLACE STREET ADDRESS CORAL SPRINGS, FL 33067 CITY-ST-ZIP U00000688968 04/11/07-80014-019 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

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

FILED