2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P99000056207 1. Entity Name BARRY BECKWITH INC. Principal Place of Business Mailing Address 501 S.W. 11TH PL., 409-B BOCA RATON, FL 33432 501 S.W. 11TH PL., 409-B BOCA RATON, FL 33432

FILED Jan 22, 2007 08:00 AM Secretary of State



	t d s	***					
,	and the second of the second		er periodicina in in the factorial and a all and all and a factorial and a second con-				
D	O NOT WRITE II	N THIS SPA	CE	01152007 4. FEI Numbe	No Chg-P	CR2E034 (11/	Applied For
The state of the s			7.37 6 a	65-0930			Not Applicable
	$d = \frac{1}{2}$		5. Certificate	of Status Desired	□ \$8.75 Fee Rec	Additional uired	
	6. Name and Address of Current Regis	tered Agent	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, 6			
BECKWITH, BARRY C 501 S.W. 11TH PL., 409-B BOCA RATON, FL 33432			han sa fara an an Tangan di anggan Tanggan di anggan Tanggan di anggan Tanggan di anggan Tanggan di anggan Tanggan	DO IN T	NOT W HIS SP	RITE ACE	
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_	Signature, typed or printed name of registered agent and title	d Agent signature required	when reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		00 May Be ed to Fees	U000003	595903 30058-005	150 BA
10.	OFFICERS AND DIREC	CTORS	* * * * * * * * * * * * * * * * * * * *	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		111111111111111111111111111111111111111) 4 , 1 , 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECKWITH, BARRY C 501 S.W. 11TH PL., 409-B BOCA RATON, FL 33432					en eta likele angales Silomatorite Garatera Silomatori Silomatori	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOOR INTON, I'E 30402		The second second			and the second s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			the garage	, DO	NOT W	RITE	
ITLE IAME STREET ADDRESS CITY-ST-ZIP				İNT	'HIS SP	ACE	The Art of the Control of the Contro
ITLE IAME STREET ADDRESS CITY-ST-ZIP							
ITLE IAME STREET ADDRESS CITY-ST-ZIP	artifut hat the information expelled with this f					Harry Jan Ca	A Part of the second of the se

r nereby 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 fike empowered.