

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V15602

FILED
Mar 09, 2009
Secretary of State

Entity Name: BARRETT INVESTMENT GROUP, INC.

Current Principal Place of Business:

447 CENTER ISLAND DR
GOLDEN BEACH, FL 331602255 US

New Principal Place of Business:

Current Mailing Address:

447 CENTER ISLAND DR
GOLDEN BEACH, FL 331602255 US

New Mailing Address:

FEI Number: 65-0501868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RILEY, PATRICIA
447 CENTER ISLES
GOLDEN BEACH, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RILEY, PATRICIA,
Address: 447 CENTER ISLES
City-St-Zip: GOLDEN BEACH, FL 33160

Title: VP () Delete
Name: RILEY, JAMES
Address: 14101 NW 4TH STREET
City-St-Zip: SUNRISE, FL 33660

Title: ST () Delete
Name: RILEY, FRANCIS X
Address: 447 CENTER ISLAND DRIVE
City-St-Zip: GOLDEN BEACH, FL 331602255

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: RILEY, JAMES
Address: 14101 NW 4TH STREET
City-St-Zip: SUNRISE, FL 33660

Title: ST (X) Change () Addition
Name: RILEY, PATRICIA
Address: 447 CENTER ISLAND DRIVE
City-St-Zip: GOLDEN BEACH, FL 331602255

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA RILEY

ST

03/09/2009

Electronic Signature of Signing Officer or Director

_____ Date