

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90072 010 ***150.00

DOCUMENT # F01000001956
1. Entity Name
BARRABY INTERNATIONAL INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 218 Southern Country Lane	3. Mailing Address 218 Southern Country Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Quincy, FL	City & State Quincy, FL	4. FEI Number 13-412-8279	Applied For Not Applicable
Zip 32351	Country	Zip 32351	Country

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
A1A CORPORATE SERVICES INC.

Street Address (P.O. Box Number is Not Acceptable)
218 SOUTHERN COUNTRY LANE

City **QUINCY** FL Zip Code **32351**

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.

SIGNATURE Paul Smith President Paul Smith **4-30-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<p>January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, T, S PAUL SMITH 218 SOUTHERN COUNTRY LANE QUINCY, FL 32351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LARRY SISSON 218 SOUTHERN COUNTRY LANE QUINCY, FL 32351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Smith Paul Smith, President **4-30-02** **305 926 2484**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)