


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 531166</b> 1. Entity Name DU BARRY, INC.	
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Principal Place of Business 800 N MAGNOLIA AVE SUITE 1500 (32803) P.O. BOX 2346 ORLANDO, FL 32802	Mailing Address 800 N MAGNOLIA AVE SUITE 1500 (32803) P.O. BOX 2346 ORLANDO, FL 32802
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**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DEAN MEAD SERVICES, LLC 800 N MAGNOLIA AVE, SUITE 1500 ORLANDO, FL 32803
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**DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000524594 02/14/07-80041-019 150.00
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LACHAPELLE, ROGER 900 ST. JOSEPH BLVD. GATINEAU QUEBEC, CA j8z1s9
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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 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 like empowered.

**SIGNATURE:** ROGER LACHAPELLE  
3/24/2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31/01/2007 819-664-3928  
Date Daytime Phone #