

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 531166

Entity Name: DU BARRY, INC.

FILED  
Apr 16, 2009  
Secretary of State

## Current Principal Place of Business:

800 N MAGNOLIA AVE SUITE 1500 (32803)  
P.O. BOX 2346  
ORLANDO, FL 32802

## Current Mailing Address:

800 N MAGNOLIA AVE SUITE 1500 (32803)  
P.O. BOX 2346  
ORLANDO, FL 32802

## New Principal Place of Business:

800 N MAGNOLIA AVE SUITE 1500 (32803)  
SUITE 1500 (32803)  
ORLANDO, FL 32802 US

## New Mailing Address:

800 N MAGNOLIA AVE  
SUITE 1500 (32803)  
ORLANDO, FL 32802 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC  
800 N MAGNOLIA AVE, SUITE 1500  
ORLANDO, FL 32803 US

## Name and Address of New Registered Agent:

DEAN MEAD SERVICES, LLC  
800 N MAGNOLIA AVE  
SUITE 1500  
ORLANDO, FL 32803 US

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:

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: LACHAPELLE, ROGER  
Address: 900 ST. JOSEPH BLVD.  
City-St-Zip: GATINEAU QUEBEC, CA J8Z1S9

Title: D ( ) Delete  
Name: LACHAPELLE, ROGER  
Address: 900 ST. JOSEPH BLVD.  
City-St-Zip: GATINEAU QUEBEC, CA J8Z1S9

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ROGER LACHAPELLE

PST

04/16/2009

Electronic Signature of Signing Officer or Director

Date