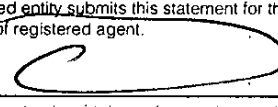
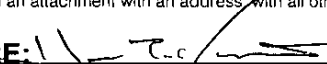


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2007 8:00 am
Secretary of State

06-25-2007 90002 031 ****61.25

DOCUMENT # 724447 1. Entity Name THE BARCLAY, INC.					
Principal Place of Business 3546 S. OCEAN BLVD. S. PALM BEACH, FL 33480			Mailing Address 3546 S. OCEAN BLVD. S. PALM BEACH, FL 33480		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		06132007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1637902				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. % KENNETH S. DIREKTOR 625 N FLAGLER DR 7TH FL WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Becker & Poliakoff, P.A Street Address (P.O. Box Number is Not Acceptable) 625 N. Flagler Drive 7th Floor City West Palm Beach FL Zip Code 33401		
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  Kenneth S. Direktor, Esq 6-19-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANTOR, HAROLD T 3546 SO OCEAN BLVD APT 817 PALM BEACH, FL 33480	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAPE, ALPHONSE 3546 S OCEAN BLVD APT323 PALM BEACH, FL 33480	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAPE, ALPHONSE 3546 S OCEAN BLVD APT 323 PALM BEACH, FL 33480	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHEWS, MARTIN 3546 S OCEAN BLVD APT 221 PALM BEACH, FL 33480	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Treasurer Mathews, Martin 3546 So Ocean Blvd, Apt 221 Palm beach Florida 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STERNLIEB, MOSES 3546 S OCEAN BLVD APT 911 PALM BEACH, FL 33480	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 617, 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:  Harold T. Kantor, President 6-19-07 (561)582-9519 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					