2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005518

City-St-Zip:

HALLANDALE, FL 33009

Entity Name: NATIONAL BARTER CORPORATION

FILED Jan 13, 2004 Secretary of State

Littly Nai	me. NATIONA	AL BARTER CORFORATION				
Current Principal Place of Business:				New Principal Place of Business:		
2500 E. HALLANDALE BEACH BLVD., STE 809 HALLANDALE, FL 33009				2500 E. HALLANDALE BEACH BLVD., SUITE 800 HALLANDALE, FL 33009		
Current Mailing Address:				New Mailing Address:		
2500 E. HALLANDALE BEACH BLVD., STE 809 HALLANDALE, FL 33009				2500 E. HALLANDALE BEACH BLVD., SUITE 800 HALLANDALE, FL 33009		
FEI Number: 23-2990921 FEI Number Applied For ()		FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
2500 E HA HALLAND.	ALE, FL 3300					
The above in the State	named entity e of Florida.	submits this statement for the p	urpose o	f changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	nic Signature of Registered Age	nt		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	TAYLOR, HOW	LLANDALE BEACH BLVD., STE 809		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TAYLOR, HOW	NDALE BEACH BLVD. #809		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	ELLIS, GRETC) Delete HEN NDALE BEACH BLVD. #809		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: HOWARD TAYLOR P/D 01/13/2004