2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 29, 2007
Secretary of State

DOCUMENT# F02000000115

Entity Name: BARTON & ASSOCIATES OF DELAWARE, INC.

Current Principal Place of Business:

100 CUMMINGS CENTER, SUITE 213G
BEVERLY, MA 01915

New Principal Place of Business:

Current Mailing Address:

100 CUMMINGS CENTER, SUITE 213G
BEVERLY, MA 01915

New Mailing Address:

FEI Number: 04-3582777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: RYAN, THOMAS F
Address: 100 CUMMINGS CENTER, SUITE 213G
City-St-Zip: BEVERLY, MA 01915

Title: D ( ) Delete
Name: BECKER, B. F
Address: 100 CUMMINGS CENTER, SUITE 213G
City-St-Zip: BEVERLY, MA 01915

Title: T ( ) Delete
Name: KELLY, JR., EDWARD P
Address: 100 CUMMINGS CENTER, SUITE 213G
City-St-Zip: BEVERLY, MA 01915

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: RYAN, THOMAS F
Address: 1201 JUPITER PARK DRIVE
City-St-Zip: JUPITER, FL 33458

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

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

Title: D ( ) Change (X) Addition
Name: INDRESANO, ROBERT D
Address: 100 CUMMINGS CENTER, SUITE 213G
City-St-Zip: BEVERLY, MA 01915

Title: D ( ) Change (X) Addition
Name: RYAN, ADAM C
Address: 13460 OAKMEADE
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: ROBERT D. INDRESANO COO 08/29/2007

Electronic Signature of Signing Officer or Director — Date