## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000000541

9750 COLEMAN RD

ROSWELL, GA 30075

Address:

City-St-Zip:

Entity Name: BARRY LEVIN AND ASSOCIATES, INC

FILED Apr 30, 2009 Secretary of State

•		,,,,,,,					
Current Principal Place of Business:				New Principal Place of Business:			
6675 PEACHTREE INDUSTRIAL BLVD, SUITE 200 ATLANTA, GA 30360				6675 PEACHTREE INDUSTRIAL BLVD. SUITE 200 ATLANTA, GA 30360			
Current M	ailing Addres	N	New Mailing Address:				
6675 PEACHTREE INDUSTRIAL BLVD, SUITE 200 ATLANTA, GA 30360				6675 PEACHTREE INDUSTRIAL BLVD, SUITE 200 ATLANTA, GA 30360			
FEI Number:	: 58-1477138	FEI Number Applied For ( )	FEI Numbe	er Not Appl	icable ( )	Certificat	e of Status Desired ( )
Name and	Address of C	N	Name and Address of New Registered Agent:				
1200 SOU PLANTATI	PORATION SY TH PINE ISLA ON, FL 33324	ND ROAD US					
	named entity: e of Florida.	submits this statement for the p	ourpose of c	hanging it	ts registered	d office or re	egistered agent, or both,
SIGNATU	RE:						
	Electror	ent	Date				
Election Car	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	CPST ( LEVIN, BARRY 48 WING MILL ATLANTA, GA	RD	Na Ad	tle: ame: ddress: ity-St-Zip:		() Change(	) Addition
Title: Name: Address: City-St-Zip:	VCVP ( LEVIN, RON 395 WEMBLEY TLANTA, GA 3		Na Ad	tle: ame: ddress: ity-St-Zip:	VCVP LEVIN, RON 395 WEMBL ATLANTA, G		) Addition
Title: Name: Address: City-St-Zip:	D ( HAAS, MIKE 2028 BICHTL C NAPERVILLE,		Na Ad	tle: ame: ddress: ity-St-Zip:		() Change(	) Addition
Title: Name:	D ( ) BORNHORST,	Delete BILL		tle: ame:		() Change (	) Addition

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.

Address:

City-St-Zip:

SIGNATURE: LINDA WHITE OM 04/30/2009