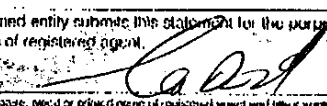
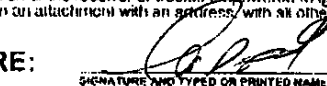


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90077 036 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                       |                                                                                                                                                                                                     |                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT # F17307                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                       |                                                                                                                    |                                                                                                                                                        |
| 1. Entity Name<br>CHARLES D. BARNARD, P.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                                                                                                                     |                                                                                                                                                        |
| Principal Place of Business<br>3940 N ANDREWS AVE<br>FT. LAUDERDALE, FL 33309 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                       | Mailing Address<br>3940 N ANDREWS AVE<br>FT. LAUDERDALE, FL 33309 US                                                                                                                                |                                                                                                                                                        |
| 2. Principal Place of Business - No P.O. Box #<br>2370 WILTON DRIVE<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                       | 3. Mailing Address<br>2370 WILTON DRIVE<br>Suite, Apt. #, etc.                                                                                                                                      |                                                                                                                                                        |
| City & State<br>WILTON MANORS, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                       | City & State<br>WILTON MANORS, FL                                                                                                                                                                   |                                                                                                                                                        |
| Zip<br>33305                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country<br>USA                                                                                        | Zip<br>33305                                                                                                                                                                                        | Country<br>USA                                                                                                                                         |
| 4. FEI Number<br>59-2085107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                       | Applied For<br>Not Applicable                                                                                                                                                                       |                                                                                                                                                        |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                       | \$8.75 Additional<br>Fee Required                                                                                                                                                                   |                                                                                                                                                        |
| 6. Name and Address of Current Registered Agent<br>BARNARD, CHARLES D.<br>3940 N ANDREWS AVE<br>FT. LAUDERDALE, FL 33309                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                       | 7. Name and Address of New Registered Agent<br>Name<br>BARNARD, CHARLES D.<br>Street Address (P.O. Box Number if Not Applicable)<br>2370 WILTON DRIVE<br>City<br>WILTON MANORS FL Zip Code<br>33305 |                                                                                                                                                        |
| 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.<br>SIGNATURE:  CHARLES D. BARNARD, PRES. 4-30-07<br>(NOTE: Registered Agent's signature required when changing)                                                                                                                                                                                                              |                                                                                                       |                                                                                                                                                                                                     |                                                                                                                                                        |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees                                                                                  |                                                                                                                                                        |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                               |                                                                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DP<br>BARNARD, CHARLES D.<br>3940 N ANDREWS AVE<br>FT. LAUDERDALE, FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                   | DP<br>BARNARD, CHARLES D.<br>2370 WILTON DRIVE<br>WILTON MANORS, FL 33305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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:  CHARLES D. BARNARD, PRES. 4-30-07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                       | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR                                                                                                                                  |                                                                                                                                                        |