FILED 2007 FOR PROFIT CORPORATION ANNUAL REPORT Feb 01, 2007 08:00 AM **Secretary of State** DOCUMENT # G02529 1. Entity Name BARRY P. ULLMANN, INC. Principal Place of Business Mailing Address 615 S. MISSOURI AVE 615 S. MISSOURI AVE STE B STE B CLEARWATER, FL 33756 CLEARWATER, FL 33756 01052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2230955 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ULLMANN, BARRY P. DO NOT WRITE 615 S. MISSOURI AVE STE B IN THIS SPACE CLEARWATER, FL 33756 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agont signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 **ÖFFICERS AND DIRECTORS** 10. THILE ULLMANN, BARRY P NAME STREET ADDRESS 615 S. MISSOURI AVE, STE B U00000616532 02/07/07-80032-010 150.00 CITY-ST-ZIP CLEARWATER, FL 00000, 33756 INTLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS City-ST-ZIP HILE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12967 127-441-4405