2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G12992

Entity Name: BARRETTLAIDLAWGERVAIS, INC.

FILED Jan 07, 2005 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

1320 SOUTH DIXIE HIGHWAY 1450 MADRUGA AVENUE

SUITE 315 SUITE 402

CORAL GABLES, FL 33146 US CORAL GABLES, FL 33146 US

Current Mailing Address: New Mailing Address:

1320 SOUTH DIXIE HIGHWAY 1450 MADRUGA AVENUE

SUITE 315 SUITE 402

CORAL GABLES, FL 33146 US CORAL GABLES, FL 33146 US

FEI Number: 59-2239749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOKOL, LAUREN SOKOL, LAUREN

1320 SOUTH DIXIE HIGHWAY 1450 MADRUGA AVENUE

#315 SUITE 402

CORAL GABLES, FL 33146 US CORAL GABLES, FL 33146 US

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: LAUREN SOKOL 01/07/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name:BARRETT, JORDANName:BARRETT, JORDANAddress:1320 S. DIXIE HIGHWAY, #315Address:1450 MADRUGA AVENUE, SUITE 402

City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: CORAL GABLES, FL 33146 US

Name: LAIOLAW, ROBIN Name: LAIDLAW, ROBIN

 Address:
 1320 S. DIXIE HIGHWAY, #315
 Address:
 1450 MADRUGA AVENUE, SUITE 402

 City-St-Zip:
 CORAL GABLES, FL 33146
 City-St-Zip:
 CORAL GABLES, FL 33146

Name: SOKOL, LAUREN Name: SOKOL, LAUREN

 Address:
 1320 S. DIXIE HIGHWAY, #315
 Address:
 1450 MADRUGA AVENUE, SUITE 402

 City-St-Zip:
 CORAL GABLES, FL 33146
 City-St-Zip:
 CORAL GABLES, FL 33146 US

Title: VP () Delete Title: VP (X) Change () Addition

Name: LAIDLAW, DAVID Name: LAIDLAW, DAVID
Address: 1320 S. DIXIE HIGHWAY, #315 Address: 1450 MADRUGA AVENUE, SUITE 402

City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: CORAL GABLES, FL 33146 US

Title: PS () Delete Title: PS (X) Change () Addition

Name: GERVAIS, JOHN P Name: GERVAIS, JOHN P
Address: 1320 S. DIXIE HIGHWAY, #315 Address: 1450 MADRUGA AVENUE, SUITE 402

Address: 1320 S. DIXIE HIGHWAY, #315 Address: 1450 MADRUGA AVENUE, SUITE 40: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: CORAL GABLES, FL 33146 US

 $\label{eq:title:title:VP} \mbox{Title:} \mbox{ VP } \mbox{() Delete} \mbox{ Title: VP } \mbox{(X) Change () Addition}$

Name: GERVAIS, TRACY Name: GERVAIS, TRACY

 Address:
 1320 S. DIXIE HIGHWAY, #315
 Address:
 1450 MADRUGA AVENUE, SUITE 402

 City-St-Zip:
 CORAL GABLES, FL 33146
 City-St-Zip:
 CORAL GABLES, FL 33146 US

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.

SIGNATURE: JOHN P. GERVAIS PS 01/07/2005