2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 06, 2006 08:00 AM DOCUMENT # K50188 Secretary of State 1. Entity Name BARRY L. GREGOIRE, INC. Principal Place of Business Mailing Address 100 EXECUTIVE WAY 100 EXECUTIVE WAY STE 204 STE 204 PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FCI Number 59-2921302 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREGOIRE, BARRY L Street Address (P.O. Box Number is Not Acceptable) P O BOX 2794 518 LEMASTER DR PONTE VEDRA BCH FL 32004 Zìp Code 5. 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 Signature, typed or printed name of registered agent and title it applicable. DATE (NOTE Registered Agent signature required when toinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete 7133 F ☐ Change ☐ Addition TITLE NAME GREGOIRE, BARRY L NAME <u>UQQQQD457538</u> STREET ADDRESS 518 LEMASTER DR STREET ADDRESS 03/17/06-80008-023 190.00 CITY-ST-ZIP PONTE VEDRA BCH FL 32082 CITY-ST-ZIP TITLE ☐ Delete ☐ Chance Addition DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MEE ☐ Defete ☐ Change Addition MAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change 17 Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-S1-ZiP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET AUDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-TIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 py 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:

3-02-06 904-280-9921

FILED