2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006093

Entity Name: BARAK ENTERPRISES, INC.

FILED May 01, 2007 Secretary of State

Current Pr	incipal Place of Business:	New Principal Place of Business:	
5155 CR 1 WILDWOO	14 D D, FL 34785		
Current Mailing Address:		New Mailing Address:	
5155 CR 1 WILDWOO	14 D D, FL 34785		
FEI Number: 05-0579861 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
Name and	Address of Current Registered Agent.	Name and Address of N	ew Registered Agent.
WILLIAMS, SUSAN J ESQUIRE 5200 SOUTH U.S. HIGHWAY 17-92 CASSELBERRY, FL 32707 US		MILLER, TROY L 5155 CR 114D WILDWOOD, FL 34785 US	
The above in the State	named entity submits this statement for the purpose of Florida.	of changing its registered of	ffice or registered agent, or both,
SIGNATURE: TROY L MILLER			05/01/2007
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D/P () Delete MILLER, TROY L 5155 CR 114 D WILDWOOD, FL 34785	Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	VP () Delete MILLER, TERESA B 5155 CR 114 D WILDWOOD, FL 34785	Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	SEC. () Delete MILLER, TROY L JR. 13516 CR 209 OXFORD, FL 34484	Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	TREA () Delete MILLER, TIMOTHY C 902 CLEVELAND AVENUE WILDWOOD, FL 34785	Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete COTTLE, RON 5155 CR 114 D WILDWOOD, FL 34785	Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete DAVIS, HANK 3900 ADKISSON DRIVE N.W. CLEVELAND, TN 37312	Title: () Name: Address: City-St-Zip:	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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY L MILLER D/P 05/01/2007