2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N03000006093

Entity Name: BARAK ENTERPRISES, INC.

Current Principal Place of Business:

5155 COUNTY ROAD 114D
WILDWOOD, FL 34785

New Principal Place of Business:

Current Mailing Address:

5155 COUNTY ROAD 114D
WILDWOOD, FL 34785

New Mailing Address:

FEI Number: 05-0579861 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, TROY L
5155 CR 114D
WILDWOOD, FL 34785 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: MILLER, TROY L
Address: 5155 CR 114 D
City-St-Zip: WILDWOOD, FL 34785

Title: VP ( ) Delete
Name: MILLER, TERESA B
Address: 5155 CR 114 D
City-St-Zip: WILDWOOD, FL 34785

Title: SEC ( ) Delete
Name: MILLER, TROY L JR.
Address: 13516 CR 209
City-St-Zip: OXFORD, FL 34484

Title: SEC ( ) Delete
Name: MILLER, TIMOTHY C
Address: 902 CLEVELAND AVENUE
City-St-Zip: WILDWOOD, FL 34785

Title: TRES ( ) Delete
Name: MILLER, TRENT S
Address: 5155 CR 114D
City-St-Zip: WILDWOOD, FL 34785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TERESA B MILLER VP 04/28/2009

Electronic Signature of Signing Officer or Director — Date