2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N20487

1. Entity Name



FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90336 045 ****61.25

BARCLA	Y PROPE	KIY UWNEKS A	133UCI	ATION, INC.	P. C.						
3020 KALEB COURT			302	og Address O KALEB COURT AHASSEE, FL 3230)9	1					
2. Principal F	Place of Busin	ess - No P.O. Box #	3. Mai	iling Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04182008	Chg-NP	CR2E037	(12/06)		
City & State		City & State				4. FEI Number 59-2958	271		<u> </u>	oplied For of Applicable	
Zip	Country		Zij	Zip Cou			5. Certificate of	Status Desired		8.75 Add	
	6. Name	and Address of Current	t Registere	ed Agent			7. Name and A	ddress of New R	Registered Ag	ent	
RADCLIFFE, PAMELA M					Nan	ne					
3020 KALEB CT TALLAHASSE, FL 32308				Street Address			(P.O. Box Number is Not Acceptable)				
					City	,				Zip Cod	e
9 The chare	a named antib	authorite this statement f	or the sure	ann of abancian its	aniataund affi			in the Otens of Ele	FL		
	e named entity itions of registi	submits this statement for ered agent.	or the purp	ose of changing its r	egistered onic	ce or register	ed agent, or both,	in the State of Fig	orida. Lam ta	miliar with,	and accept
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SIGNATURE;		or printed name of registered agen	I and title if app	Micable (NOTE:	Registered Agent i	BILTHELINE (OCCUPAC)	when reinstating)		DATE		<u> </u>
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.							
	_	•			-		\$5.00 May Be Added to Fees		lake check Ida Departn		
10.	Due by M	•	RECTORS	Trust Fund Co	-		\$5.00 May Be Added to Fees ADDITIONS/CHAM	Flor	ida Departn	nent of S	tate
10.	PD PD	OFFICERS AND DI	RECTORS	Trust Fund Co	11.		Added to Fees	Flor	ida Departn RS AND DIRE	nent of S	tate
10. TITLE NAME	PD RADCLIFF	OFFICERS AND DI	RECTORS	Trust Fund Co	11. TITLE NAME		Added to Fees	Flor	ida Departn RS AND DIRE	CTORS IN	tate
10.	PD PD	OFFICERS AND DI FE, PAMELA M EB CT	RECTORS	Trust Fund Co	11.		Added to Fees	Flor	ida Departn RS AND DIRE	CTORS IN	tate
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record 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 617, 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: Famel M Red Hos PAMBUA M RADCHIFFE G OFFICER OR DIRECTOR

4/24/08

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