2007 FOR PROFIT CORPORATION

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ANNUAL REPORT				Mar 16, 2007 08:0			
DOCU	IMENT # P000000045		Secretary of Sta				
1. Entity Name BARBARA NYBERG ENTERPRISES, P.A.							
•	ce of Business	Mailing Address	<u>, , , , , , , , , , , , , , , , , , , </u>	1			
	N AVENUE, N. SLUFFS, FL 33770	2121 INDIAN AVENUE, N. Belleair Bluffs, Fl 33770					
		Phone mi buor by the decree					
<u> </u>		, , , , , , , , , , , , , , , , , , , ,					
DO NOT WRITE IN THIS SPA			CF	02222007	No Chg-P	CR2E034 (11/	<u> </u>
-	O HO! WINE	IN THE CLA		4. FEI Numb 59-362		 	Applied For Not Applicable
			,		e of Status Desired		Additional
	6. Name and Address of Current Re	gistered Agent	<u> </u>	<u> </u>		Fee Re	quirea
NYBERG	BARBARA			20	* 1 ~ ~ ~ 1 1 1	: ====	
2121 INDIAN AVENUE, N.				טט	NOT W	RIIE	
BELLEAIR	R BLUFFS, FL 33770			IN .	THIS SP	'ACE	
8. The above	e named entity submits this statement for th	e purpose of changing its registere	ed office or register	ed agent, or bo	oth, in the State of Flo	rida. I am familiar i	with, and accept
rue obliĝal	tions of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent and	itle if applicable. (NOTE Registere	d Agent signature required	when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campa Trust Fund Con				00 May Be ed to Fees	U0000 03/27/07	0668955 '-80053-004	150.00
10.	OFFICERS AND DIF	ECTORS]		77	and and any and any	100 : 00
TITLE NAME	P NYBERG, BARBARA						
STREET ADDRESS	2121 INIAN AVE. N						
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770	· · · · · · · · · · · · · · · · · · ·					
TITLE NAME							
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CITY-ST-ZIP							
TITLE			İ				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: AND MA THE DAME OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

7274926641 Daytime Phone #