2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000013896

Entity Name: BARCANA FLORIDA, INC.

FILED Apr 07, 2007 Secretary of State

Current Principal Place of Business:

C/O SSI ACCOUNTING AND TAX SERVICE, INC

3620 COLONIAL BLVD., STE. 230 FORT MYERS, FL 33912

Current Mailing Address:

C/O SSI ACCOUNTING AND TAX SERVICE, INC 3620 COLONIAL BLVD., STE. 230

FORT MYERS, FL 33912

FEI Number: 65-0983978

FEI Number Applied For ()

FORT MYERS, FL 33966

New Mailing Address:

C/O SSI ACCOUNTING AND TAX SERVICE, INC

C/O SSI ACCOUNTING AND TAX SERVICE, INC

3620 COLONIAL BLVD., STE. 230

New Principal Place of Business:

3620 COLONIAL BLVD., STE. 230

FORT MYERS, FL 33966

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SSI ACCOUNTING AND TAX SERVICES INC 3620 COLONIAL BLVD.

SUITE 230

FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

SSI ACCOUNTING AND TAX SERVICES INC 3620 COLONIAL BLVD.

SUITE 230

FORT MYERS, FL 33966 US

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: SCHMITZ

Electronic Signature of Registered Agent

04/07/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete

BARTHELMESS, INGEBORG Name: % SSI ACCTG+TAX SVC,3620 COLONIAL BLVD Address:

City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

BARTHELMESS, INGEBORG Name:

Address: % SSI ACCTG+TAX SVC,3620 COLONIAL BLVD

City-St-Zip: FORT MYERS, FL 33966

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARTHELMESS 04/07/2007 D