



FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000011136 1. Entity Name BARBARA BAY INC.				Secretary of State	
Principal Place of Business 870 OLD DIXIE HIGHWAY, NO. 18 LAKE PARK, FL 33403		Mailing Address 870 OLD DIXIE HIGHWAY, NO. 18 LAKE PARK, FL 33403			
DO NOT WRITE IN THIS SPACE					
				01052006 No Chg-P CR2E034 (11/05)	
				4. FEI Number 65-1095156	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STURGEON, BARBARA C 870 OLD DIXIE HIGHWAY, NO. 18 LAKE PARK, FL 33403				DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST- ZIP		D STURGEON, BARBARA C 870 OLD DIXIE HIGHWAY, NO. 18 LAKE PARK, FL 33403			
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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.					
SIGNATURE: <u>Barbara C. Sturgeon</u> <u>Barbara C. Sturgeon</u> 1/13/06 840-344-5001					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					