## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Aug 07, 2006 8:00 am Secretary of State **DOCUMENT # P01000090544** 08-07-2006 90043 021 \*\*\*150.00 US BARCODES, INC. Principal Place of Business Mailing Address 5234 SR 54 50024530 5234 SR 54 NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07172006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3745095 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MATIAS, JUNIOR A Street Address (P.O. Box Number is Not Acceptable) 9555 DOTTIE DRIVE NEW PORT RICHEY, FL 34654 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME MATIAS, JUNIOR A NAME STREET ADDRESS 9555 DOTTIE DRIVE STREET ADDRESS NEW PORT RICHEY, FL 34654 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Changé ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE

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.

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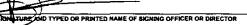
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