

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116349

Entity Name: BARCLAY VENTURE GROUP, INC.

FILED
Apr 16, 2008
Secretary of State

Current Principal Place of Business:

5783 GRANDE LAGOON BLVD
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 34474
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 59-3756169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, CHRIS S
5783 GRANDE LAGOON BLVD
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

WATSON, STEVEN T
5783 GRANDE LAGOON BLVD
PENSACOLA, FL 32507 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: STEVEN T WATSON

04/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WATSON, STEVE T
Address: 5783 GRANDE LAGOON BLVD
City-St-Zip: PENSACOLA, FL 32507

Title: VDZ () Delete
Name: WATSON, CHRIS S
Address: P O BOX 34474
City-St-Zip: PENSACOLA, FL 32507

Title: S () Delete
Name: WATSON, MARILYN
Address: 5785 GRANDE LAGOON BLVD
City-St-Zip: PENSACOLA, FL 32507

Title: VDZ (X) Delete
Name: FRAUM, LYNN MR
Address: 5783 GRANDE LAGOON BLVD
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WATSON, STEVEN T
Address: 5783 GRANDE LAGOON BLVD
City-St-Zip: PENSACOLA, FL 32507

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WATSON, MARILYNN J
Address: 5785 GRANDE LAGOON BLVD
City-St-Zip: PENSACOLA, FL 32507

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEVEN T WATSON

PD

04/16/2008

Electronic Signature of Signing Officer or Director

Date