2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 01, 2006 8:00 am Secretary of State **DOCUMENT # P02000000398** 1. Entity Name 05-01-2006 90416 046 ***150.00 BARRON TELECOM, INC. Principal Place of Business Mailing Address 31410 WARNER ST PO BOX 43-2134 BIG PINE KEY, FL 33043 BIG PINE KEY, FL 33043 2. Principal Place of Business 3. Mailing Address same as above 63 Dunkirk Road Suite, Apt. #, etc. Suite, Apt. #, etc. 04242006 CR2E034 (11/05) Chg-P Applied For City & State ASNEV (1) e City & State 4. FEI Number NC 80-0003945 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired UGA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Debra Farrell BARRON, MARK J Street Address (P.O. Box Number is Not Acceptable) 127D INDUSTRIAL RD. BIG PINE KEY, FL 33043 31352 Avenue E 33043 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. and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President TITLE Delete TILE Change ☐ Addition Mark J. Barron BARRON, MARK J NAME 63 Dunkirk Road Asheville NC 28803 Secretary/Treasurer Debra Farrell 31352 Avenue E 31410 WARNER STREET-STREET ADDRESS STREET ADDRESS BIG PINE KEY, FL 33043 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change * Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Big Pine Kev FL 33043 TITLE ☐ Delete THE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filting 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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