2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P02000058596 1. Entity Name

FILED Jan 14, 2008 8:00 am Secretary of State

01-14-2008 90106 025 ***150.00

Medical Accessed Medical Acc	BARLOW PLASTERING & STUCCO, INC.										
Suite	1707 UNITAH AVENUE		1707 UNITAH AVENUE								
City & State	2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address	Mailing Address							
A	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062008	Chg-P	CR2E0	34 (12/06)			
Second S	City & State		City & State				•		<u>'</u>		
Name	Zip	Country	Zip	Country					\$8.75 Add	itional	
BARLOW, GEORGE KEITH 1707 UNITAH AVENUE LAKELADN, FL 3803 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 or registered agent, when the state of Florida. I am familiar with, and accept the obligations or registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OPERATOR AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME SIREST ADDRESS OTY-S1-2P TITLE NAME SIREST ADDRESS OTY-		6. Name and Address of Current	Registered Agent			7. Name and	Address of New I	Registered A	Agent		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				Name	Name						
B. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiaer with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed rame of impatement agent and tick if applicable. (NOTE Programent Agent separative requisitored) (NOTE Programent Requisit	1707 UNIT	AH AVENUE		Street Address			er is Not Acceptable	le)			
B. 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, hyper or printed reme of registered agent and liter # applicable. (POTE, Registered Agent agrature required when revealing) DAYE	D ((120 10)	1,12 3333									
SIGNATURE Signature True				City		·		FL	Zip Code	3	
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		entify that the information supplied wit	h this filing does not qualify for t		ontainer	in Chanter 11	9. Florida Statutes	I further cert	tify that the in	oformation	

rharboy certify that the information supplied with this litting does not qualify for the exemptions contained in Chapter 118, Pointa Statutes. Trainer certify 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: NEW KOLK BONOW-GEORGE KEITH BARLOW JAIN 12 2008
BIGNATURE AND TYPED ON PRINTED HAME OF BIGNING OFFICER OR DIRECTOR

863-682-3322