

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jan 23, 2009  
Secretary of State**

DOCUMENT# P02000103247

Entity Name: BARBARA BRENNAN INTERNATIONAL INC.

**Current Principal Place of Business:**

500 NE SPANISH RIVER BLVD., SUITE 208  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

500 NE SPANISH RIVER BLVD.  
SUITE #208  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 04-3714987      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRENNAN, BARBARA  
500 NE SPANISH RIVER BLVD., SUITE #208  
BOCA RATON, FL 33431      US

**Name and Address of New Registered Agent:**

DODGE, DIANE  
500 NE SPANISH RIVER BLVD., SUITE #208  
BOCA RATON, FL 33431      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: DIANE DODGE      01/23/2009  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BRENNAN, BARBARA  
Address: 500 NE SPANISH RIVER BLVD., SUITE 208  
City-St-Zip: BOCA RATON, FL 33431

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MS      (X) Change ( ) Addition  
Name: BRENNAN, BARBARA  
Address: 500 NE SPANISH RIVER BLVD., SUITE 208  
City-St-Zip: BOCA RATON, FL 33431

Title: MS      ( ) Change (X) Addition  
Name: DODGE, DIANE  
Address: 500 NE SPANISH RIVER BLVD SUITE 208  
City-St-Zip: BOCA RATON, FL 3

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: DIANE M. DODGE      MS.      01/23/2009  
Electronic Signature of Signing Officer or Director      Date