
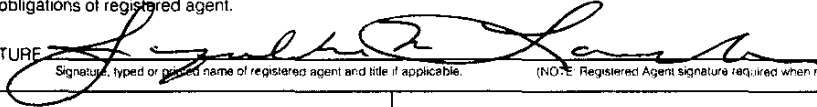



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90195 041 \*\*\*150.00

<b>DOCUMENT # P03000099177</b> 1. Entity Name <b>BARTIMAEUS, INC.</b>					
Principal Place of Business <b>231 CITRUS TOWER BLVD. CLERMONT, FL 34711</b>			Mailing Address <b>231 CITRUS TOWER BLVD. CLERMONT, FL 34711</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>86-1080711</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <del>STOKES BERYL N</del>  <del>1035 W DIXIE AVENUE</del>  <del>LEESBURG, FL 34748</del> </div> <div style="width: 50%;"> <b>JAMES ROWE</b>  <div style="border: 1px solid black; padding: 2px;">           Name <b>JAMES ROWE</b>            Street Address (P.O. Box Number is Not Acceptable)  <b>990 W Hwy 50 Suite 102</b>  <b>Highway 50</b>            City <b>CLERMONT</b> FL Zip Code <b>34711</b> </div> </div> </div>				7. Name and Address of New Registered Agent  <div style="border: 1px solid black; padding: 2px;">           Name <b>JAMES ROWE</b>            Street Address (P.O. Box Number is Not Acceptable)  <b>990 W Hwy 50 Suite 102</b>  <b>Highway 50</b>            City <b>CLERMONT</b> FL Zip Code <b>34711</b> </div>	
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  DATE <b>4/15/07</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registration)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MCCARTHY, ALVA 231 CITRUS TOWER BLVD. CLERMONT, FL 34711	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCARTHY, JAMES P 231 CITRUS TOWER BLVD. CLERMONT, FL 34711	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
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.					
SIGNATURE: 			DATE <b>4/15/07</b> DAYTIME PHONE # <b>407 694-2589</b>		