2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# P04000008605

Entity Name: BARCLAYS GEDI GROUP, INC.

Current Principal Place of Business:

249 PERUVIAN AVENUESUITE
SUITE F-4
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

249 PERUVIAN AVENUE
SUITE F-4
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 20-2760970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, FRED C
712 US HIGHWAY ONE
STE. 400
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: WYNER, ROBERT
Address: 249 PERUVIAN AVENUE, SUITE F-5
City-St-Zip: PALM BEACH, FL 33480

Title: VCTD ( ) Delete
Name: MONTEZEDI, IRAJ
Address: 249 PERUVIAN AVENUE, SUITE F-5
City-St-Zip: PALM BEACH, FL 33480

Title: PSD ( ) Delete
Name: GERL, WAYNE
Address: 249 PERUVIAN AVE., SUITE F-5
City-St-Zip: PALM BEACH, FL 33480

Title: EVP (X) Delete
Name: WYNER, JASON L
Address: 249 PERUVIAN AVE SUITE #F-5
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ROBERT WYNER CD 05/03/2007

Electronic Signature of Signing Officer or Director — Date