2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000012208

Entity Name: JAMES D. BARNARD, PHD, P.A.

FILED Apr 19, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 14246 600 SANDTREE LANE NORTH PALM BCH, FL 334084246

206B

PALM BEACH GARDENS, FL 33403

Current Mailing Address: New Mailing Address:

P.O. BOX 14246

NORTH PALM BCH, FL 334084246

FEI Number: 27-0081927 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BARNARD, JAMES D PHD BARNARD, JAMES D PHD 818 US HWY ONE STE 8 600 SANDTREE LANE

NORTH PALM BCH, FL 33408 US 206B

PALM BEACH GARDENS, FL 33403 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: 04/19/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS () Delete Title: **DPVS** (X) Change () Addition BARNARD, JAMES D BARNARD, JAMES D Name: Name: 818 US HWY ONE STE 8 600 SANDTREE LANE 206B Address: Address: City-St-Zip: NORTH PALM BCH, FL 33408 City-St-Zip: PALM BEACH GARDENS, FL 33403

Title:

Title: (X) Change () Addition () Delete BARNARD, JAMES D Name: Name: BARNARD, JAMES D 818 US HWY ONE STE 8 600 SANDTREE LANE 206B Address: Address: PALM BEACH GARDENS, FL 33403 NORTH PALM BCH, FL 33408 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES D. BARNARD PH.D. **PRES** 04/19/2006