

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000045801</b>	
1. Entity Name <b>BARRY PRODUCTIONS, INC.</b>	

Principal Place of Business <b>763 FAIRWOOD LN. CLEARWATER, FL 33759</b>	Mailing Address <b>763 FAIRWOOD LN. CLEARWATER, FL</b>
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**DO NOT WRITE IN THIS SPACE**

04192006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3358934</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLZSWEIG, BARRY R  
763 FAIRWOOD LN  
CLEARWATER, FL 33759**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

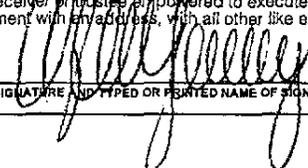
U00000558137  
05/17/06-80082-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLZSWEIG, BARRY R 763 FAIRWOOD LN. CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARR, DEBORAH 763 FAIRWOOD LN. CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **BARRY HOLZSWEIG** Date: **7/27-7/25-8647**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #