2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094355

FILED Feb 26, 2009 Secretary of State

Entity Name: BARBERS ARE US, INC. **Current Principal Place of Business: New Principal Place of Business:** 4368 S CASCADE AVE INVERNESS, FL 34452 **Current Mailing Address: New Mailing Address:** P.O. BOX 1673 INVERNESS, FL 34451 FEI Number: 20-1044053 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: GLORIA TAX SERVICE GLORIA TAX SERVICE 230 S ROCK CRUSHER RD 8818 E. DEVONSHIRE RD CRYSTAL RIVER, FL 34429 US INVERNESS, FL 34450 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: 02/26/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PVD () Delete Title: () Change () Addition Name: MCCALL, TROY L Name: 4368 S CASCADE AVE Address: Address: City-St-Zip: INVERNESS, FL 34452 City-St-Zip: Title: STD () Delete Title: () Change () Addition MCCALL, SANDRA R Name: Name: 4368 S CASCADE AVE Address: Address: INVERNESS, FL 34452 City-St-Zip: 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: TROY L MCCALL PRES 02/26/2009