2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 22, 2007 08:00 AM Secretary of State

CR2E034 (11/05)

DOCL	JMENT	" # P(140001	101	91
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1. Entity Name

BARWIN CORPORATION



Principal Place of Business

3611 THOMPSON ROAD LAKE MARY, FL 32746 Mailing Address

3611 THOMPSON ROAD LAKE MARY, FL 32746



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ELKES, EDWIN R 3611 THOMPSON ROAD LAKE MARY, FL 32746

SIGNATURE:

DO NOT WRITE IN THIS SPACE

No Chg-P

01062007

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 Squature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.			nancing	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS	1		<u> </u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ELKES, EDWIN R 3611 THOMPSON ROAD LAKE MARY, FL 32746				U00000642991				
TITLE NAME STREET AOORESS CITY-ST-ZIP	VSD ELKES, BARBARA H 3611 THOMPSON ROAD LAKE MARY, FL 32746				03/01/07-80068-003 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
12. I hereby certify that the information supplied with this filling 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.									

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR