
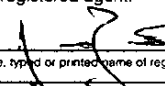
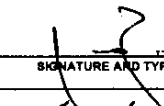


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90186 030 ***150.00

DOCUMENT # P04000172492 1. Entity Name DONALD C. BARRETT, P.A.					
Principal Place of Business 213 E. SHERIDAN STREET SUITE 3-C DANIA BEACH, FL 33004			Mailing Address 213 E. SHERIDAN STREET SUITE 3-C DANIA BEACH, FL 33004		
2. Principal Place of Business - No P.O. Box # 88101 OVERSEAS HWY		3. Mailing Address P.O. BOX 9390			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ISLAMORADA, FL		City & State TAUERNIER, FLORIDA		4. FEI Number 20-2095675	
Zip 33036		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33070		Country		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BARRETT, DONALD C. 213 E. SHERIDAN STREET SUITE 3-C DANIA BEACH, FL 33004			7. Name and Address of New Registered Agent Name DONALD C. BARRETT Street Address (P.O. Box Number is Not Acceptable) 88101 OVERSEAS HWY City ISLAMORADA FL Zip Code 33036		
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 4-25-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRETT, DONALD C. 213 E. SHERIDAN STREET, SUITE 3-C DANIA BEACH, FL 33004 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 88101 OVERSEAS HWY ISLAMORADA, FL 33036	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  DONALD C. BARRETT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-25-07 <small>Date</small>		(305) 394-0740 <small>Daytime Phone #</small>