

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

ATX1

FILED

2007 JAN 31 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT #</b> P06000013228
<b>1. Entity Name</b> CHRISTINE & JON BARRY, INC

300087198893  
02/02/07--01037--016 \*\*150.00

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 115 1/2 SHANNONDALE Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
<b>City &amp; State</b> WEST PALM BEACH, FL	<b>City &amp; State</b>
<b>Zip</b> 33406	<b>Country</b>

<b>4. FEI Number</b> 20-4171674	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> CHRISTINE BARRY	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 115 1/2 SHANNONDALE ROAD	
<b>City</b> WEST PALM BEACH	<b>FL</b> <b>Zip Code</b> 33406

**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** Christine Barry President Christine Barry 1/29/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> PRESIDENT	<b>NAME</b> CHRISTINE BARRY
<b>STREET ADDRESS</b> 115 1/2 SHANNONDALE ROAD	<b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33406
<b>TITLE</b> VICE PRESIDENT	<b>NAME</b> JON BARRY
<b>STREET ADDRESS</b> 115 1/2 SHANNONDALE ROAD	<b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33406
<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 
<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 
<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 
<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 

11.	
<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 
<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 
<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 
<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 

**DO NOT WRITE IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Christine Barry President 1/29/07 954 592 1912  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #