
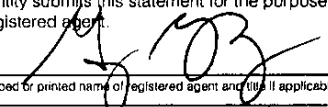
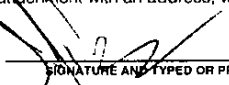


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2007 8:00 am
Secretary of State

06-25-2007 90001 037 ***550.00

DOCUMENT # P06000070485 1. Entity Name SUPER BARBY INC					
Principal Place of Business 10605 117TH DR N LARGO, FL 33773 US			Mailing Address 10605 117TH DR N LARGO, FL 33773 US		
2. Principal Place of Business - No P.O. Box # 10605 117th Drive North Suite, Apt. #, etc.		3. Mailing Address 10605 117th Drive North Suite, Apt. #, etc.			
City & State Largo, Florida		City & State Largo, Florida		4. FEI Number 20-4896505	
Zip 33773		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHARANIA, NAZEER 10705 PRESERVE LAKE DR 109 TAMPA, FL 33626			7. Name and Address of New Registered Agent Name George G. Pappas P.A. Street Address (P.O. Box Number is Not Acceptable) 1822 North Belcher Road, Suite 200 City Clearwater FL Zip Code 33765		
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  <small>Signature, typed or printed name of registered agent and title, if applicable.</small>		George G. Pappas <small>(NOTE: Registered Agent signature required when reinstating)</small>		June 15 May 31 , 2007 <small>DATE</small>	
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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 CHARANIA, NAZEER 10705 PRESERVE LAKE DR #109 TAMPA, FL 33626	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Lakhani, Salim S.	<input checked="" 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
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
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Salim S. Lakhani		June 15, 2007 c/b 727-447-4999 <small>Date Daytime Phone #</small>	