2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000100515

Title:

Name:

Address: City-St-Zip: CFO

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12531 S.ORANGE BLOSSOM TRAIL

MOHAMED HAMED BARRIE,

ORLANDO, FL 33837

FILED Feb 16, 2007 Secretary of State

Entity Name: BARRIEFLASH, INC **Current Principal Place of Business: New Principal Place of Business:** 12531 S. ORANGE BLOSSOM TR. ORLANDO, FL 32837 **Current Mailing Address: New Mailing Address:** 12531 S. ORANGE BLOSSOM TR. ORLANDO, FL 32837 FEI Number: 20-5294506 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: BARRIE, MOHAMED A 12531 S. ORANGE BLOSSOM TR ORLANDO, FL 32837 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD () Delete Title: () Change () Addition MOHAMEDALIE BARRIE, Name: Name: 12531 S. ORANGE BLOSSOM TR. Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: () Delete Title: **VPST** Title: **VPST** (X) Change () Addition PETER KATARIA, Name: Name: PARMJIT'S KATARIA 499 N.STATE ROAD, SUITE 2039 499 N.STATE ROAD, SUITE 2039 Address: Address: ATAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MOHAMEDALIE BARRIE PSTD 02/16/2007

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