

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000100515

Entity Name: BARRIEFLASH, INC

FILED
Jul 28, 2007
Secretary of State

Current Principal Place of Business:

12531 S. ORANGE BLOSSOM TR.
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

12531 S. ORANGE BLOSSOM TR.
ORLANDO, FL 32837

New Mailing Address:

P O BOX 135071
ORLANDO, FL 34712

FEI Number: 20-5294506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRIE, MOHAMED A
12531 S. ORANGE BLOSSOM TR
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

BARRIE, MOHAMEDALIE
12531 S. ORANGE BLOSSOM TR.
ORLANDO, FL 34712 US

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: MOHAMEDALIE BARRIE

07/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MOHAMEDALIE BARRIE,
Address: 12531 S. ORANGE BLOSSOM TR.
City-St-Zip: ORLANDO, FL 32837

Title: VPST (X) Delete
Name: PARMJIT.S. KATARIA,
Address: 499 N.STATE ROAD, SUITE 2039
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: CEO (X) Delete
Name: MOHAMED HAMED BARRIE,
Address: 12531 S.ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: BARRIE, MOHAMEDALIE
Address: 12531 S. ORANGE BLOSSOM TR.
City-St-Zip: ORLANDO, FL 32837

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: MOHAMEDALIE BARRIE

PSTD

07/28/2007

Electronic Signature of Signing Officer or Director

Date