2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000018762

Title:

Name:

Address:

City-St-Zip:

Entity Name: BARCLAYS GEDI SECURITY, INC.

FILED Jan 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 249 PERUVIAN AVE SUITE F-4 PALM BEACH, FL 33480 **New Mailing Address: Current Mailing Address:** 249 PERUVIAN AVE SUITE F-4 PALM BEACH, FL 33480 US FEI Number: 65-0397476 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: COHEN, FRED C ESQ 712 US HIGHWAY ONE SUITE 400 NORTH PALM BEACH, FL 33408 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WYNER, ROBERT Name: Name: 249 PERUVIAN AVE F-5 Address: Address: City-St-Zip: WEST PALM BEACH, FL City-St-Zip: Title: PD Title: VΡ () Delete (X) Change () Addition GERL, WAYNE AMOUS, CHEDLI Name: Name: 249 PERUVIEW AVE #F-5 249 PERUVIEW AVE #F-5 Address: Address: PALM BEACH, FL 33480 PALM BEACH, FL 33480 City-St-Zip: City-St-Zip: Title: (X) Change () Addition () Delete Title: PD MOTAZEDI, IRAJ HARYMAN, GERARD Name: Name: 249 PERUVIAN AVENUE #F-5 249 PERUVIAN AVENUE #F-5 Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: PALM BEACH, FL 33480

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.

Title:

Name:

Address:

City-St-Zip:

VΡ

PINTO, DAVID

249 PERUVIAN AVENUE -F-5

PALM BEACH, FL 33480

() Change (X) Addition

SIGNATURE: ROBERT WYNER C 01/19/2009

() Delete