2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# P93000072339

Entity Name: BARCLAY'S GROUP INTERNATIONAL, INC.

Current Principal Place of Business:

249 PERUVIAN AVE
SUITE F-4
PALM BEACH, FL 33480 US

New Principal Place of Business:

249 PERUVIAN AVE
SUITE F-5
PALM BEACH, FL 33480 US

Current Mailing Address:

249 PERUVIAN AVE
SUITE F5
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 65-0236699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, FRED C
712 US HIGHWAY ONE
SUITE 400
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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:

Title: CD ( ) Delete
Name: WYNER, ROBERT N
Address: 249 PERUVIAN AVE
City-St-Zip: PALM BEACH, FL

Title: PS ( ) Delete
Name: WEADOCK, GREGORY
Address: 249 PERUVIAN ANE F5
City-St-Zip: PALM BEACH, FL

Title: EVP ( ) Delete
Name: MAYER, EDWARD M
Address: 249 PERUVIAN AVE
City-St-Zip: PALM BCH, FL 33480

Title: D ( ) Delete
Name: WYNER, SHIRLEY
Address: 249 PERUVIAN AVE
City-St-Zip: PALM BCH, FL 33480

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: WYNER, SHIRLEY
Address: 249 PERUVIAN AVE SUITE F-5
City-St-Zip: PALM BCH, FL 33480

Title: VP ( ) Change (X) Addition
Name: WYNER, JASON
Address: 249 PERUVIAN AVENUE SUITE F-5
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT WYNER CD 01/11/2005

Electronic Signature of Signing Officer or Director Date