2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# P93000072339

Entity Name: BARCLAY'S GROUP INTERNATIONAL, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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 33480 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 #F-5
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete
Name: WYNER, SHIRLEY M
Address: 249 PERUVIAN AVENUE SUITE F-5
City-St-Zip: PALM BEACH, FL 33480

Title: P ( ) Delete
Name: GERL, WAYNE
Address: 249 PERUVIAN AVENUE F-5
City-St-Zip: PAL;M BEACH, FL 33480

Title: VP ( ) Delete
Name: PINTO, DAVID
Address: 249 PERUVIAN AVE. F-5
City-St-Zip: PALM BEACH, FL 33480

Title: VP ( ) Delete
Name: MESSING, GILBERT
Address: 249 PERUVIAN AVE F-5
City-St-Zip: PALM BEACH, FL 33480

Title: VP (X) Delete
Name: GOLDNER, MARK
Address: 249 PERUVIAN AVE F-5
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change ( ) Addition
Name: GERARD, HARYMAN
Address: 249 PERUVIAN AVENUE F-5
City-St-Zip: PAL;M BEACH, FL 33480

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

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: ROBERT WYNER C 01/19/2009

Electronic Signature of Signing Officer or Director Date