

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90273 050 \*\*\*150.00

**DOCUMENT # P94000056323**

1. Entity Name  
**BARCLOST INTERNATIONAL, LTD., INC.**



Principal Place of Business  
**C/O J. MAURER  
500 N.E. SPANISH RIVER BLVD., STE. 27  
BOCA RATON, FL 33431-4517 US**

Mailing Address  
**C/O BC&A, 101 FIRST STREET  
P.O. BOX 642  
LOS ALTOS, CA 94022**

**60027251**



2. Principal Place of Business

3. Mailing Address  
**101 First Street #642**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102006 Chg-P CR2E034 (11/05)

City & State

City & State  
**Los Altos, CA**

4. FEI Number  
**77-0383482**

Applied For  
Not Applicable

Zip

Country

Zip

**94022**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAURER, JANI ESQ.  
500 N.E. SPANISH RIVER BLVD.  
SUITE 27  
BOCA RATON, FL 33431-4517**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **AD** ☐ Delete  
NAME **STILLMAN, ABBOTT**  
STREET ADDRESS **670 WHITE PLAINS RD.**  
CITY-ST-ZIP **SCARSDALE, NY 10583**

TITLE ☒ **P** ☐ Change ☐ Addition  
NAME **WILLIAM CLOSS, WILLIAM R.**  
STREET ADDRESS **10320 W. LOYOLA DR.**  
CITY-ST-ZIP **LOS ALTOS, CA. 94024**

TITLE ☐ **VD** ☐ Delete  
NAME **BARCLAY, CHRISTOPHER**  
STREET ADDRESS **C/O ALTEC, #11 ZHONGSHAN 3 RD., BLDG 10/F**  
CITY-ST-ZIP **GUANGZHOU, PRC, 510080**

TITLE ☒ **S** ☐ Change ☐ Addition  
NAME **BARCLAY, CHRISTOPHER**  
STREET ADDRESS **C/O ALTEC, #11 ZHONGSHAN 3RD, #10/F**  
CITY-ST-ZIP **GUANGZHOU, PRC, 510080**

TITLE ☐ **TD** ☐ Delete  
NAME **CLOSS, WILLIAM R**  
STREET ADDRESS **10320 WEST LOYOLA DRIVE**  
CITY-ST-ZIP **LOS ALTOS, CA 94024**

TITLE ☐ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ **AD** ☐ Delete  
NAME **BARCLAY, DAI MIN**  
STREET ADDRESS **27601 QUAIL CREEK #179**  
CITY-ST-ZIP **LAGUNA HILLS, CA 92656**

TITLE ☐ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*William R. Closs* 4/10/06

(650) 941-9773