2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 2

Jan 08, 2007 8:00 am Secretary of State DOCUMENT # P96000104463 01-08-2007 90244 009 ***150.00 1. Entity Name BARITA INC. Principal Place of Business Mailing Address **6847 BAYHILL DRIVE 6847 BAYHILL DRIVE** 60000618 BRADENTON, FL 34202 BRADENTON, FL 34202 US Principal Place of Business - No P.O. Box # Suite, Apt. Suite, Apt. #, etc. 01052007 CR2E034 (12/06) Dity & State 4 FEL Number Applied For 65-0717906 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GERRITY, THOMAS E 1900 MAIN STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 201 SARASOTA, FL 34236 City 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, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition BLAKELY, BARRY H NAME STREET ADDRESS 6847 BAYHILL DR STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Change ☐ Addition BLAKELY, RITA NAME NAME STREET ADDRESS 6847 BAYHILL DR STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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.

FILED