
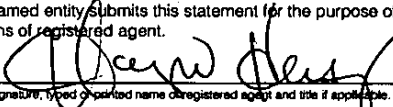
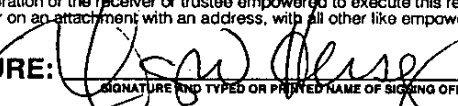


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90085 043 ***150.00

DOCUMENT # P97000048039 1. Entity Name BARRACUDA HOLDINGS INC.																													
Principal Place of Business 1501 NORTHPOINT PARKWAY SUITE 100 WEST PALM BEACH, FL 33407 US			Mailing Address 560 VILLAGE BLVD. 335 WEST PALM BEACH, FL 33409 US																										
2. Principal Place of Business 560 VILLAGE BLVD		3. Mailing Address Suite, Apt. #, etc. 335																											
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		4. FEI Number 65-0768912																									
Zip 33409		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent HERSEY, HARRY 1501 NORTHPOINT PKWY SUITE #100 WEST PALM BEACH, FL 33407			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 560 VILLAGE BLVD #335 City WEST PALM BEACH FL Zip Code 33409																										
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:  DATE: 2-23-05																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HERSEY, HARRY W JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1501 NORTHPOINT PARKWAY SUITE 100</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>WEST PALM BEACH, FL 33407</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	HERSEY, HARRY W JR		STREET ADDRESS	1501 NORTHPOINT PARKWAY SUITE 100		CITY - ST - ZIP	WEST PALM BEACH, FL 33407		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td>560 VILLAGE BLVD #335</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>WEST PALM BEACH, FL 33409</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		NAME	560 VILLAGE BLVD #335		STREET ADDRESS	WEST PALM BEACH, FL 33409		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete																											
NAME	HERSEY, HARRY W JR																												
STREET ADDRESS	1501 NORTHPOINT PARKWAY SUITE 100																												
CITY - ST - ZIP	WEST PALM BEACH, FL 33407																												
TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>																												
NAME	560 VILLAGE BLVD #335																												
STREET ADDRESS	WEST PALM BEACH, FL 33409																												
CITY - ST - ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>		NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	Delete <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>		NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	Delete <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>		NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	Delete <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>		NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	Delete <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE: 2-23-05																													