


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000055207 1. Entity Name BARRINGER MANAGEMENT SYSTEMS LIMITED, INC.	
---	---

FILED  
06 APR 21 PM 12:11

Principal Place of Business 254 RIDGE DRIVE NAPLES, FL 34108-2934	Mailing Address 254 RIDGE DRIVE NAPLES, FL 34108-2934
---	---



03092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-3506371	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  FITZ-GERALD, BARRIE C 254 RIDGE DRIVE NAPLES, FL 34108-2934	<b>DO NOT WRITE IN THIS SPACE</b>
--	-----------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FITZ-GERALD, BARRIE 254 RIDGE DR NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100073991491  
05/04/06--01022--004 \*\*268.75

**DO NOT WRITE IN THIS SPACE**

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 lines empowered.

SIGNATURE:  DATE: 4-1-2006 DAYTIME PHONE: 238.514.777