


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P98000028304</b>         |  |
| 1. Entity Name<br><b>BARKLEE, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>7121 STATE ROAD 54<br/>NEW PORT RICHEY, FL 34653</b> | Mailing Address<br><b>7121 STATE ROAD 54<br/>NEW PORT RICHEY, FL 34653</b> |
|--|--|



04272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>59-3507916</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>KWAN, MAE W<br/>7121 SR. 54<br/>NEW PORT RICHEY, FL 34653</b> |
|---|

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DVP<br/>KWAN, MAE W<br/>2913 BRADLEY COURT<br/>NEW PORT RICHEY, FL 34655</b>         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>CHEN, ZHEN H<br/>4022 SAVAGE STATION CIRCLE<br/>NEW PORT RICHEY, FL 34613</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>CHEN, LIU Y<br/>4022 SAVAGE STATION CIRCLE<br/>NEW PORT RICHEY, FL 34653</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>KWAN, JOHNNY<br/>2913 BRADLEY COURT<br/>NEW PORT RICHEY, FL 34655</b>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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05/16/06-80038-025 150.00

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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 807, 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]* **MAE KWAN** 4-28-06 727-3758605  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #