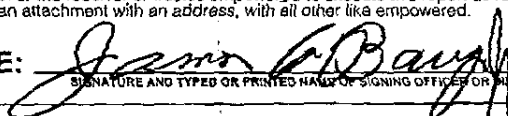


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000018691		
1. Entity Name BARRY HOLDINGS, INC.		
Principal Place of Business 40 S.E. 5TH STREET #600 BOCA RATON, FL 33432	Mailing Address 40 S.E. 5TH STREET #600 BOCA RATON, FL 33432	
DO NOT WRITE IN THIS SPACE		
		 01122006 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0902233 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LERNER, ALLAN M 2888 EAST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306		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 _____ 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC BARRY, JAMES A JR. 40 S.E. 5TH STREET #600 BOCA RATON, FL 33432	DO NOT WRITE IN THIS SPACE U00000470323 03/28/06-80010-001 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BARRY, JAMES M 40 S.E. 5TH STREET #600 BOCA RATON, FL 33432	
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		
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		03/01/06 561-368-9120 Date Daytime Phone #