2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 28, 2006 8:00 am Secretary of State **DOCUMENT # P99000080145** 02-28-2006 90013 039 ***158.75 BARKER-RAMOS ASSOC., INC. Principal Place of Business Mailing Address 2134 GUNPOWDER ST NE 2134 GUNPOWDER ST NE 50000362 PALM BAY, FL 32905 PALM BAY, FL 32905 02172006 No Chg-P CR2E034 (11/05) 4. FEI Number 59-3597/25 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARKER, KAREN 2134 GUNPOWDER ST NE PALM BAY, FL 32905 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE n BARKER, KAREN NAME 2134 GUNPOWDER ST NE STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32905 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-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED