



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V01970</b> 1. Entity Name ROY BARBIER, INC.																									
Principal Place of Business 341 MARBRISA DRIVE VERO BEACH, FL 32963		Mailing Address 341 MARBRISA DRIVE VERO BEACH, FL 32963																							
DO NOT WRITE IN THIS SPACE		 01182005    No Chg-P    CR2E034 (10/03) 4. FEI Number 65-0304250 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																							
6. Name and Address of Current Registered Agent  BARBIER, ROY E 341 MARBRISA DRIVE VERO BEACH, FL 32963		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																							
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">TITLE</td><td>PT</td></tr><tr><td>NAME</td><td>BARBIER, ROY E</td></tr><tr><td>STREET ADDRESS</td><td>341 MARBRISA DRIVE</td></tr><tr><td>CITY - ST - ZIP</td><td>VERO BEACH, FL</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>		TITLE	PT	NAME	BARBIER, ROY E	STREET ADDRESS	341 MARBRISA DRIVE	CITY - ST - ZIP	VERO BEACH, FL															DO NOT WRITE IN THIS SPACE	
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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: <u>Roy E Barbier</u> 4-1-05      234-4616 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small> <div style="text-align: center; font-size: 1.5em; font-weight: bold;">ROY E. BARBIER</div>																									