


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90228 035 \*\*\*150.00

**DOCUMENT # V72507**

1. Entity Name  
**BARLEV 1489 CORP.**



Principal Place of Business <b>1489 WEST PALMETTO PARK ROAD          #499 BOX 123          BOCA RATON, FL 33486</b>	Mailing Address <b>1489 WEST PALMETTO PARK ROAD          #499 BOX 123          BOCA RATON, FL 33486</b>
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**50003233**



2. Principal Place of Business <b>1489 West Palmetto Park Rd.</b> Suite, Apt. #, etc.	3. Mailing Address <b>2220 Suncliffs St.</b> Suite, Apt. #, etc.
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01122006 Chg-P CR2E034 (11/05)

City & State <b>Boca Raton, FL</b>	City & State <b>Las Vegas, NV</b>	4. FEI Number <b>65-0392973</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33486</b>	Country <b>USA</b>	Zip <b>89134</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**LITOW, LARRY ATTY  
 ONE EAST BROWARD BLVD, STE 1010  
 FORT LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name **Brian Rosenberg**

Street Address (P.O. Box Number is Not Acceptable)  
**100 E Linton Blvd Suite 131-A**

City **Delray Beach** **FL** Zip Code **33483**

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]* (NOTE: Registered Agent signature required when reinstating)

DATE 1/18/06

**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	PSD LEVINE, BARBARA 1489 W. PALMETTO PARK ROAD, BOX 123 BOCA RATON, FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Barbara Broxmeyer 2220 Suncliffs St. Las Vegas NV 89134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **3/1/2006** **7022334844**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #