

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 25, 2005 8:00 am**  
**Secretary of State**

08-25-2005 90001 049 \*\*\*550.00

DOCUMENT # P04000099991

1. Entity Name  
**BARBARA WARNER INC.**



Principal Place of Business  
**9 MAIN STREET**  
**SOUTH HAMPTON, NY 11968**

Mailing Address  
**9 MAIN STREET**  
**SOUTH HAMPTON, NY 11968**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07182005 Chg-P CR2E034 (10/03)

4. FEI Number  
**13-4145564**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**UNITED CORPORATE SERVICES, INC.**  
**9200 SOUTH DADELAND BLVD., SUITE 508**  
**MIAMI, FL 33156**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$550.00**  
**Due by September 7, 2005**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Delete  
**Director**  
NAME **Barbara Warner**  
STREET ADDRESS **9 Main Street**  
CITY-ST-ZIP **Southampton, NY 11968**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
**President**  
NAME **Barbara Warner**  
STREET ADDRESS **9 Main Street**  
CITY-ST-ZIP **Southampton, NY 11968**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
**VP-Secretary**  
NAME **C. Edmonds Allen**  
STREET ADDRESS **123 East 54th Street**  
CITY-ST-ZIP **New York, N.Y. 10022**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
**Treasurer**  
NAME **Adriana Agbo**  
STREET ADDRESS **630 Third Ave. - 16th Fl.**  
CITY-ST-ZIP **New York, N.Y. 10017**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*C. Edmonds Allen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**C. Edmonds Allen**

Secretary

Date

7/18/2005

Daytime Phone #