


FILED
Mar 17, 2006 8:00 am
Secretary of State

03-03-2006 90101 008 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 13-4145564		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33156		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, BARBARA	NAME	
STREET ADDRESS	9 MAIN STREET	STREET ADDRESS	
CITY-ST-ZIP	SOUTHAMPTON, NY 11968	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, BARBARA	NAME	
STREET ADDRESS	9 MAIN STREET	STREET ADDRESS	
CITY-ST-ZIP	SOUTHAMPTON, NY 11968	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPS EDMONDS, C. ALLEN	NAME	
STREET ADDRESS	123 EAST 54TH STREET	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10022	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGBO, ADRIANA	NAME	AGBO, ADRIANA
STREET ADDRESS	630 THIRD AVE 16TH FL	STREET ADDRESS	825 3RD AVE 4TH FL
CITY-ST-ZIP	NEW YORK, NY 10017	CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____		Date: 3/11/2006	
<small>Signature, typed or printed name of signing officer or director</small>		<small>Date</small>	

66005727



01122006 Chg-P CRZE X34 (11/05)

ATTACHMENT



66005927

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2006

BARBARA WARNER INC.
9 MAIN STREET
SOUTH HAMPTON, NY 11968

Subject: BARBARA WARNER INC.

Reference Number:

P04000099991

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION