MAR. 8. 2007 10:03AM LEXIS DOCUMENT SVCS

FILED
Mar 09, 2007 8:00 am
Secretary of State
03-09-2007 90001 025 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 846837

1. Entity Name
WARREN GEORGE, INC.

400323302

01182007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
FOOT OF JERSEY AVENUE P.O. BOX 413 JERSEY CITY, NJ 07303	FOOT OF JERSEY AVENUE P.O. BOX 413 JERSEY CITY, NJ 07303
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 22-2751216 ☐ 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
SHARPE, SANDRA 2317 BARCELONA DR. FT. LAUDERDALE, FL 33301	Name: Corporation Service Company Street Address (P.O. Box Number is Not Acceptable): 1202 Hays Street City: Tallahassee FL Zip Code 32301

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 Carol Sweeney, Asst V.P. Carol Sweeney 3/8/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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 PTO NAME GREGORY, FRANK STREET ADDRESS 67 SUMMIT AVENUE CITY-ST-ZIP WALDWICK, NJ	☒ Delete	TITLE PD NAME TIRRO, ANTHONY P STREET ADDRESS 89 WHERLI ROAD CITY-ST-ZIP LONG VALLEY NJ 07853	☐ Change ☒ Addition
TITLE S NAME SHARPE, SANDRA STREET ADDRESS 2317 BARCELONA DR. CITY-ST-ZIP FT. LAUDERDALE, FL 33301	☒ Delete	TITLE ST NAME GRUBE, KAREN STREET ADDRESS 199 MAPLE AVENUE CITY-ST-ZIP TOMS RIVER NJ 08753	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Anthony P. Tirro PRES. 03/08/07 201-433-9797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — ANTHONY P TIRRO Date Daytime Phone #