

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006054

FILED
May 10, 2006
Secretary of State

Entity Name: BARRY KAYE ASSOCIATES, INC.

Current Principal Place of Business:

5100 TOWN CENTER CIRCLE, STE 440, TWR II
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

C/O NATIONAL FINANCIAL PARTNERS CORP.
787 SEVENTH AVENUE 49TH FLOOR
NEW YORK, NY 10019

New Mailing Address:

C/O NFP, 500 W. MADISON STREET
SUITE 2400
CHICAGO, IL 60661

FEI Number: 13-4043375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: KAYE, BARRY
Address: 5100 TOWN CENTER CIRCLE, STE 440, TWR II
City-St-Zip: BOCA RATON, FL 33486

Title: VS () Delete
Name: KAYE, CAROLE
Address: 5100 TOWN CENTER CIRCLE, STE 440, TWR II
City-St-Zip: BOCA RATON, FL 33486

Title: V () Delete
Name: HINKSON, MALIKA
Address: 787 SEVENTH AVE 11TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: VP () Delete
Name: LEISER, LORI
Address: 500 W MADISON, SUITE 3650
City-St-Zip: CHICAGO, IL 60661

Title: D () Delete
Name: KAYE, ALAN L
Address: 1901 AVENUE OF THE STARS, SUITE 500
City-St-Zip: LOS ANGELES, CA 90067

Title: D () Delete
Name: ZUCCARO, ROBERT
Address: 787 SEVENTH AVENUE 49TH FLOOR
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI M. LIESER

VP

05/10/2006

Electronic Signature of Signing Officer or Director

Date