2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006054

Entity Name: BARRY KAYE ASSOCIATES, INC.

FILED Apr 23, 2007 Secretary of State

Ourself Britania I Blanca of Business				New Principal Place of Presinces				
Current Principal Place of Business:				New Principal Place of Business:				
	N CENTER CIF ON, FL 33486	RCLE, STE 440, TWR II						
Current Mailing Address:				New Mailing Address:				
C/O NFP, 5 SUITE 2400 CHICAGO,		ON STREET						
FEI Number: 13-4043375 FEI Number Applied For ()		FEI Num	Number Not Applicable ()		Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 US				CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 US				
The above in the State		ubmits this statement for the pu	rpose of	f changing it	s registered o	ffice or registered agent, or both,		
SIGNATURE:				04/23/2007				
	Electronic	Signature of Registered Agen	t			Date		
Election Cam	paign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	KAYE, BARRY	Delete ITER CIRCLE, STE 440, TWR II L 33486		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	KAYE, CAROLE	Delete ITER CIRCLE, STE 440, TWR II L 33486		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	V ()E HINKSON, MALIK 787 SEVENTH AV NEW YORK, NY	VE 11TH FLOOR		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	VP () ELEISER, LORI 500 W MADISON CHICAGO, IL 60	•		Title: Name: Address: City-St-Zip:	VP (X) LEISER, LORI 500 W MADISO CHICAGO, IL 6	•		
Title: Name: Address: City-St-Zip:	KAYE, ALAN L	Delete F THE STARS, SUITE 500 CA 90067		Title: Name: Address: City-St-Zip:	KAYE, ALAN L) Change()Addition DRIVE, SUITE 324 S, CA 90210		
Title: Name: Address: City-St-Zip:	ZUCCARO, ROB	VENUE 49TH FLOOR		Title: Name: Address: City-St-Zip:	ZUCCARO, RO	AVENUE 11TH FLOOR		

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 04/23/2007