


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90037 001 \*\*\*150.00

<b>DOCUMENT # F03000001279</b>	
1. Entity Name ARIEL PARTNERS, INC.	

Principal Place of Business 1619 3RD AVENUE STE. 3KE NEW YORK, NY 10128	Mailing Address 1619 3RD AVENUE STE. 3KE NEW YORK, NY 10128
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**40031350**



2. Principal Place of Business 5 pat Riots Lane Suite, Apt. #, etc.	3. Mailing Address 5 patriots Lane Suite, Apt. #, etc.
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01172006 Chg-P CR2E034 (11/05)

City & State East Hampton NY	City & State East Hampton NY
Zip 11937	Zip 11937
Country	Country

4. FEI Number 74-3054712	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  LYNN, JEFFREY R 1313 KILLIAN ST DAYTONA BEACH, FL 32114	
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7. Name and Address of New Registered Agent Name: JOE Loguidice Street Address (P.O. Box Number is Not Acceptable): 1515 Ridgewood Ave City: HOLLY HILL FL Zip Code: 32117	
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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: <i>JOE Loguidice</i>	DATE: 1/16/06

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP LYNN, JEFFREY R 1619 3RD AVENUE STE. 3KE NEW YORK, NY 10128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP Lynn Jeffrey R 5 patriots Lane East Hampton NY 11937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Jeffrey R. Lynn</i>	DATE: 1/20/06 772-589-6620