


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-14-2006 90037 001 ***150.00

DOCUMENT # F03000001279

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**

40031350



2. Principal Place of Business
5 pat RIOTS Lane
 Suite, Apt. #, etc.

3. Mailing Address
5 patriots Lane
 Suite, Apt. #, etc.

01172006 Chg-P CR2E034 (11/05)

City & State
East Hampton NY

City & State
East Hampton NY

Zip
11937 Country

Zip
11937 Country

4. FEI Number
74-3054712

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired **\$8.75** Additional Fee Required

LYNN, JEFFREY R
 1313 KILLIAN ST
 DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent

Name
JOE Loguidice

Street Address (P.O. Box Number, is Not Acceptable)
1515 Ridge Wood Ave

City
SEA Holly Hill FL Zip Code
32117

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 *JOE Loguidice* DATE *1/16/06*

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Jeffrey R. Lynn* DATE: *1/20/06* DAYTIME PHONE #: *772-589-6620*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR