2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000295

Address:

City-St-Zip:

Entity Name: BARBARA BURRELL LTD. INC

FILED Jul 01, 2005 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:			
680 NORT CHICAGO		RE DRIVE, #1225				
Current Mailing Address:			New Mailing Address:			
680 NORT CHICAGO		RE DRIVE, #1225				
FEI Number:	: 36-3729930	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
1200 SOU	PORATION SY TH PINE ISLA ION, FL 3332	ND ROAD				
	named entity e of Florida.	submits this statement for the	purpose of changing i	its registered office or registered agent, or both		
SIGNATUR	RE:					
Electronic Signature of Registered Ager			ent	nt Date		
		93(2)(b), F.S., the corporation did n ng Trust Fund Contribution ().	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	BURRELL, BA	AKE SHORE DRIVE, #1225	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	V (BURRELL, JA 861 WEST CA CHICAGO, IL	.RMEN, #3	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	EV () Change (X) Addition BURRELL, BONITA 75 LIVINGSTON STREET, APT. 120 BROOKLYN, NY 11201		
Title: Name:	() Delete	Title: Name:	V () Change (X) Addition BURRELL, ALEXANDRA		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address: City-St-Zip: 5200 SOUTH ELLIS, #417

CHICAGO, IL 60637

SIGNATURE: BARBARA BURRELL P 07/01/2005