

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000295

FILED
Jan 10, 2009
Secretary of State

Entity Name: BARBARA BURRELL LTD. INC.

Current Principal Place of Business:

3750 NORTH LAKE SHORE DR.
#14D
CHICAGO, IL 60613

New Principal Place of Business:

Current Mailing Address:

3750 NORTH LAKE SHORE DR.
#14D
CHICAGO, IL 60613

New Mailing Address:

FEI Number: 36-3729930 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BURRELL, BARBARA
Address: 3750 NORTH LAKE SHORE DRIVE, #14D
City-St-Zip: CHICAGO, IL 60613

Title: VP () Delete
Name: BURRELL, JASON
Address: 861 WEST CARMEN, #3
City-St-Zip: CHICAGO, IL 60640

Title: EVP () Delete
Name: BURRELL, BONITA
Address: 75 LIVINGSTON STREET, APT. 120
City-St-Zip: BROOKLYN, NY 11201

Title: VP () Delete
Name: BURRELL, ALEXANDRA
Address: 1305 S MICHIGAN AVE, APT 1413
City-St-Zip: CHICAGO, IL 60605

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:

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA BURRELL

PRES

01/10/2009

Electronic Signature of Signing Officer or Director

_____ Date