
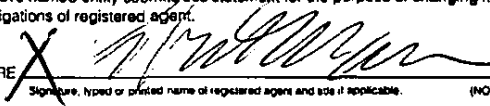
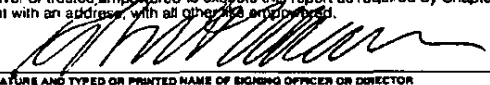


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

6/1 **FILED**
Jul 08, 2005 8:00 am
Secretary of State

06-06-2005 90002 029 ****61.25

DOCUMENT # N98000005697			
1. Entity Name THE WARREN FOUNDATION, INC.			
Principal Place of Business 4550 HOOKS ROAD LAKE WORTH, FL 33467-3712		Mailing Address 219 ROYAL POINCIANA WAY SUITE 10 PALM BEACH, FL 33480	
2. Principal Place of Business		3. Mailing Address 701 Northpoint Pkwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 220	
City & State		City & State West Palm Beach FL	
Zip	Country	Zip	Country
		33407	
4. FEI Number 65-0867749		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TALERICO, GENE 219 ROYAL POINCIANA WAY 10 PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name: Robert Warren Street Address (P.O. Box Number is Not Acceptable): 701 Northpoint Pkwy Suite 220 City: West Palm Beach FL Zip Code: 33407	
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 		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		B. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST WARREN, ROBERT M 303 E. 51ST STREET NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 320 Park Avenue New York, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WARREN, DANIELLE 219 ROYAL POINCIANA WAY PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 701 Northpoint Pkwy West Palm Beach, FL 33407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WARREN, AMOS 219 ROYAL POINCIANA WAY PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 701 Northpoint Pkwy West Palm Beach, FL 33407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO TALERICO, EUGENE F 219 ROYAL POINCIANA WAY, SUITE 10 PALM BEACH, FL 33480 <input checked="" 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 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 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 617, 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 entries.			
SIGNATURE: 		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	