


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90020 007 ****61.25

DOCUMENT # N98000005697

1. Entity Name
THE WARREN FOUNDATION, INC.



Principal Place of Business
**701 NORTHPOINT PKWY
 SUITE 220
 WEST PALM BEACH, FL 33407**

Mailing Address
**701 NORTHPOINT PKWY
 SUITE 220
 WEST PALM BEACH, FL 33407**

4000



2. Principal Place of Business - No P.O. Box #
9040 Town Center Pkwy
 Suite, Apt. #, etc.
104

3. Mailing Address
9040 Town Center Pkwy
 Suite, Apt. #, etc.
Sr. 104

City & State
Bradenton, FL

City & State
Bradenton, FL

Zip
34202

Country
US

Zip
34202

Country
US

03162007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0867749

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WARREN, ROBERT
701 NORTHPOINT PARKWAY
SUITE 220
WEST PALM BEACH, FL 33407

9040 Town Center Pkwy
 Suite 104
 Bradenton, FL 34202

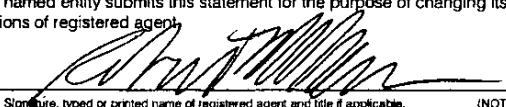
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 **3/19/07**

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

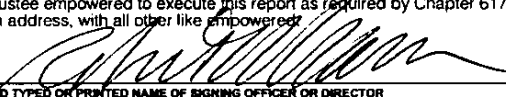
Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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 701 NORTHPOINT PKWY WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Warren, Robert 9040 Town Center Pkwy Bradenton, FL 34202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, DANIELLE 701 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Warren, Danielle 9040 Town Center Pkwy Bradenton, FL 34202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 empowered.

SIGNATURE:  DATE **3/19/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #