

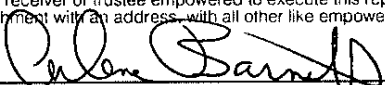


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90078 035 \*\*\*150.00

<b>DOCUMENT # P01000025356</b> 1. Entity Name <b>BARNETT FAMILY MANAGEMENT CORP.</b>					
Principal Place of Business <b>2600 NORTH MILITARY TRAIL SUITE 290 BOCA RATON, FL 33431</b>			Mailing Address <b>C/O ARLENE BARNETT 54 VERKADE DRIVE WAYNE, NJ 07470</b>		
2. Principal Place of Business <b>2385 EXECUTIVE CENTER DRIVE</b> Suite, Apt. #, etc. <b>SUITE 190</b> City & State <b>BOCA RATON, FL</b> Zip <b>33431</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country <b>USA</b>		<div style="text-align: center;">  </div> 03062005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>65-1080641</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ELLIS, SETH E ESQ. 2600 NORTH MILITARY TRAIL SUITE 290 BOCA RATON, FL 33431</b>			7. Name and Address of New Registered Agent Name <b>(SAME)</b> Street Address (P.O. Box Number is Not Acceptable) <b>2385 EXECUTIVE CENTER DRIVE</b> <b>SUITE 190</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33431</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARNETT, ARLENE</b> <b>54 VERKADE DRIVE</b> <b>WAYNE, NJ 07470</b>	<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	
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	
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>ARLENE BARNETT, PRESIDENT</b>			Date <b>MARCH 11, 2005</b>		Daytime Phone # <b>(973) 696-4750</b>