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Secretary of State
01-31-2005 90070 011 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000133440

1. Entity Name
WARNER MANAGEMENT, INC.

66003859

Principal Place of Business	Mailing Address
4259 N.W. 64TH LANE BOCA RATON, FL 33496	4259 N.W. 64TH LANE BOCA RATON, FL 33496

01262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
101 Plaza Real S. #405 Boca Raton, FL 33432 City & State	101 Plaza Real S. #405 Boca Raton, FL 33432
Zip / Country	Zip / Country

4. FEI Number 55-0812409 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WARNER, JOSEPH C 4259 N.W. 64TH LANE BOCA RATON, FL 33496	Name: Warner, Joseph C. Street Address: 101 Plaza Real South, Apt. 405 Boca Raton, FL 33432 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: Joseph C. Warner — 3/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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	PD WARNER, JOSEPH C 4259 N.W. 64TH LANE BOCA RATON, FL 33496	☐ Delete	PD Warner, Joseph C. 101 Plaza Real South, Apt. 405 Boca Raton, FL 33432	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WANER, MERYLL A 4259 N.W. 64TH LANE BOCA RATON, FL 33496	☐ Delete	VD Warner, Meryll A. 101 Plaza Real South, Apt. 405 Boca Raton, FL 33432	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Joseph C. Warner Pres. — 3/1/05 — 561-391-3482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #