2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 20, 2006 8:00 am Secretary of State DOCUMENT # P02000133440 02-20-2006 90046 025 ***150.00 WARNER MANAGEMENT, INC. Principal Place of Business Mailing Address 101 PLAZA REAL S 101 PLAZA REAL S # 405 BOCA RATON FL 33432 **BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. -1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 55-0812409 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WARNER, JOSEPH C Street Address (P.O. Box Number is Not Acceptable) 101 PLAZA REAL SOUTH **APT 405** BOCA RATON FL'33432 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE Addition ☐ Detete TITLE MAME NAME WARNER, JOSEPH C STREET ADDRESS STREET ADDRESS 101 PLAZA REAL SOUTH, APT 405 CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP WARNER MERYLL A. 101 Plana Real South apt 405 Change ☐ Addition ☐ Delete TITLE TITLE WANER, MERYLL A NAME 101 PLAZA REAL SOUTH, APT 405 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY - ST - 7IP Addition Change NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition HILE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 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.

FILED

SIGNATURE: Joseph C. Warnet 2/8/06 561-391-34/82