


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 357006</b> 1. Entity Name <b>BURT AND SCHELD FACULTATIVE CORPORATION</b>	
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Principal Place of Business <b>140 SOUTH ATLANTIC AVENUE SUITE 400 ORMOND BEACH FL 32176 US</b>	Mailing Address <b>140 SOUTH ATLANTIC AVENUE SUITE 400 ORMOND BEACH FL 32176 US</b>
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1st MOORE      CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-1283020</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  <b>ORMOND RE GROUP, INC. 140 SOUTH ATLANTIC AVENUE SUITE 400 ORMOND BEACH FL 32176</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees Trust Fund Contribution <input type="checkbox"/>
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10. OFFICERS AND DIRECTORS	
TITLE	SVTD LONG, WILLIAM T <input type="checkbox"/> Delete 140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176
TITLE	PD BURT, W L <input type="checkbox"/> Delete 140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176
TITLE	EVSD DEINER, JOHN B. <input type="checkbox"/> Delete 140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176
TITLE	SVD DIPARDO, ANTHONY L <input type="checkbox"/> Delete 140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176
TITLE	VP HARTZ, A.J. <input type="checkbox"/> Delete 140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176
TITLE	AV B BUTCKA, A A <input type="checkbox"/> Delete 140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100000712848 04/26/07-80064-003 1500.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<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 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.

SIGNATURE  **ANTHONY L. DiPARDO** 4-11-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #