2005 FOR PROFIT CORPORATION

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ANNUAL REPORT				Feb 02, 2005 08:00 A
DOCUMENT # 466053 1. Entity Name GWEN BURGE REALTY, INC.				Secretary of State
3,,,,,,,	51102 1.2. 12. 1 ₁ 1110.			
7405 LAKE	ce of Business WORTH ROAD H, FL 33467	Mailing Address 7405 LAKE WORTH ROAD LAKE WORTH, FL 33467	<u></u>	
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DO NOT WRITE IN THIS SPAC			CE	01052005 No Chg-P CR2E034 (10/03)
			CL	4. FEI Number Applied For 59-1572300 Not Applicable
				5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				
COATES, HOWARD K 1 BOCA PLACE, SUITE 340				DO NOT WRITE
BOCA RA	TON, FL 33431	 -		IN THIS SPACE
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 Signature, typed or printed name of registered agent and little 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 \$5.00 May Be Trust Fund Contribution. Added to Fees				.00 May Be led to Fees
10.	OFFICERS AND D	IRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURGE, GWENDOLYN 7405 LAKE WORTH ROAD LAKE WORTH, FL	وروا والمسور المسور		000000210280 02/02/05-80071-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURGE, BRETT A 11250 HAWK HOLLOW RD LAKE WORTH, FL 33467			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Land Administration of the Control o		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #