2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL F	EPURI (AR	<u> </u>	May 03 2006	MA 00.90
DOCUMENT # 682456 1. Entity Name				May 03, 2006 Secretary of	of State
ELLEN S	UE BURTON, R.P.R., INC.				
Principal Place of Business		Mailing Address		_	
17 ELM WAY COOPER CITY FL 33026		17 ELM WAY COOPER CITY FL 33026		i lande atter tente trem atena atte atte en	nil minit mlakk akakk diali dibirdari il tabk
2. Principal Place of Business		3. Mailing Address			
Suite, Apf. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2	E034 (10/05)
City & State		City & State		4. FEI Number 59-2018731	Applied For
Zip	Country	Zıp	Country	5. Certificate of Status Desired	Not Applica \$8.75 Additional
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Regist	Fee Required
DUDTON ANDDE			Name		
17 1	RTON, ANDRE ELM WAY		Street Address	(P.O. Box Number is Not Acceptable)	
· co	OPER CITY FL 33026			<u>-</u> .	
,			City		FL Zip Code
	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or registi	ered agent, or both, in the State of Florida.	I am familiar with, and acce
SIGNATURE	or regional a agoni.				
,	Signature, typed or printed name of registered again	nt and tric if applicable [NOTE	Registered Agent signature require	ed when remskaling)	DASE
After	TLE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department			9. Election Campaign F Trust Fund Cantribut	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 11
TITLE NAME	PD BURTON, ELLEN SUE	☐ Delete	TITLE NAME	1/aaaaamaaaa	☐ Change ☐ Add™
STRLET ADDRESS	17 ELM WAY		STREET ADDRESS	86000056000 05/18/06-90022	-011 150.00
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12. Thereby 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X CONTRACT UPLES

+4/360

FILED