


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000000379

1. Entity Name
 BURNS-GAGNON FOUNDATION, INC.



Principal Place of Business 1300 N FEDERAL HWY SUITE 107 BOCA RATON, FL 33432	Mailing Address 1300 N FEDERAL HWY SUITE 107 BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

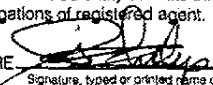
4. FEI Number 65-0443151	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH F. PAPA, P.A.
 1300 N FEDERAL HWY
 SUITE 107
 BOCA RATON, FL 33432

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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:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

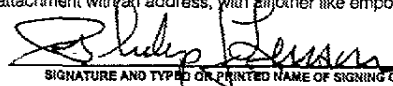
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PAPA, JOSEPH F 1300 NORTH FEDERAL HIGHWAY #107 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GAGNON, EMILE P 200 BONNIE BLVD #128 PALM SPRING, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD LEVINSON, PHILIP Z 1300 NO. FEDERAL HWY #107 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/11/07-80019-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:  **PHILIP Z. LEVINSON** Date: 1/8/07 Daytime Phone #: 561 338-8423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR