

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 12, 2009
Secretary of State**

DOCUMENT# N93000000379

Entity Name: BURNS-GAGNON FOUNDATION, INC.

Current Principal Place of Business:

1300 N FEDERAL HWY
SUITE 107
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

1300 N FEDERAL HWY
SUITE 107
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-0443151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PAPA, JOSEPH F
Address: 1300 NORTH FEDERAL HIGHWAY #107
City-St-Zip: BOCA RATON, FL

Title: VPD () Delete
Name: GAGNON, EMILE P
Address: 200 BONNIE BLVD #128
City-St-Zip: PALM SPRING, FL

Title: TSD () Delete
Name: LEVINSON, PHILIP Z
Address: 1300 NO. FEDERAL HWY #107
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP Z. LEVINSON

TSD

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date