2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# 258681

Entity Name: THE BURT CORPORATION

Current Principal Place of Business:

222 RIVERSIDE DR
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

PO BOX 1715
ORMOND BEACH, FL 321751715 US

New Mailing Address:

FEI Number: 59-0996291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURT, WALLACE J JR
222 RIVERSIDE DR.
ORMOND BEACH, FL 32176 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: BURT, WALLACE J JR,
Address: 140 S ATLANTIC AVE
City-St-Zip: ORMOND BEACH, FL

Title: PTD ( ) Delete
Name: BURT, ALICE L,
Address: 140 S ATLANTIC AVE
City-St-Zip: ORMOND BEACH, FL

Title: VDS ( ) Delete
Name: WOLFE, VIRGINIA L
Address: 140 S ATLANTIC AVENUE SUITE 503
City-St-Zip: ORMOND BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: BURT, WALLACE J JR,
Address: 222 RIVERSIDE DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: PTD (X) Change ( ) Addition
Name: BURT, ALICE L,
Address: 222 RIVERSIDE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: VDS (X) Change ( ) Addition
Name: WOLFE, VIRGINIA L
Address: 16 TALAQUAH BLVD
City-St-Zip: ORMOND BEACH, FL 32174 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALLACE J. BURT, CD 01/16/2009

Electronic Signature of Signing Officer or Director — Date