2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 AM Secretary of State

ANNUAL REPURI				Secretary of State		
	MENT # 430114				Secreta	ry of State
1. Entity Nan DAVE BU	JRKE, INC.					
Principal Plac	ce of Business	Malling Address	1	-		
1102 W WATERS AVE TAMPA, FL 33604		1102 W WATERS AVE TAMPA, FL 33604				
HAMPA, FL	JJ004	IAMPA, IL 33004		1 199771 #194		
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promining to	had the free constitution buy dispersion for a property of the constitution of the con			4. FEI Numb 59-146		Applied For Not Applied
					of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent			territoria de la consta	
KELLNER	, DONNA B				NOT W	
1102 W WATERS AVE TAMPA, FL 33604			Tambah, salij	constanting i		#1,21,21,21,41,41,41,21,21,1,1,1,1,1,1,1,
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a. The above the obliga	a named entity submits this statement for t tions of registered agent.	he purpose of changing its register	ed office or register	ed agent, or bo	ith, in the State of Flo	rida. I am familiar will h, and acce
SIGNATURE.						
	Signature, typed or primed name of registered agent and	talle diappocable. (NDTE: Pagestera	га Agent эдрабия падыяга	when rensisting)	183000	3555810
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees	05/16/06	-80048-015 150.80
10.	OFFICERS AND DI	RECTORS			enerviski ser	
TITLE NAME	BURKE, DAVID F			Billigijan 14. Gir ilar		
STREET ADDRESS CITY-ST-209	1102 W WATERS AVE TAMPA, FL 33504	_	raded barbelesk		្សី - 1 - មិន្ត្រី - ម វិទ្ធិសុំមិននិង នេះ នេះ ម៉ែង នេះ មិន	en e
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CITY-ST-ZIP	TAMPA, FL 33604	* m.			ing pagagagagagagagagagagagagagagagagagaga	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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STREET ADDRESS			างระบบ สิ่นที่ พ.ศ. พ.ศ. รู้บัติที่สุด พ.ศ. พ.ศ. พ.ศ. พ.ศ. พ.ศ. พ.ศ. พ.ศ. พ.ศ.	HANNEY AND THE	NOT W	BITE MARKET
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STREET ADDRESS CITY-ST-ZIP						
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NAME STREET ADDRESS						
Chiy-SI-ZIP						i le chi elle i vi di la
TITLE			B. Const. B. B. B. Land		ggadani alam	A CONTRACTOR OF THE PROPERTY O

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

NAME STREET ADDRESS CHY-SI-ZIP





813967-4261