


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90282 011 \*\*\*\*61.25

<b>DOCUMENT # 704318</b>					
1. Entity Name <b>BURTON POINT INC</b>					
Principal Place of Business 535 HENDRICKS ISLE FT LAUDERDALE, FL 33301			Mailing Address PO BOX 24627 FORT LAUDERDALE, FL 33302		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1006634</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VMC REALTY 2132 E OAKLAND PARK 2ND FLOOR FORT LAUDERDALE, FL 33306				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
			<b>Make check payable to Florida Department of State</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAKASCA, MICHAEL			NAME	
STREET ADDRESS	535 HENDRICKS ISLE, #307			STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33301			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAVAH, BARBARA			NAME	
STREET ADDRESS	535 HENDRICKS ISLE			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLM, TOM			NAME	
STREET ADDRESS	535 HENDRICKS ISLE # 209			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 333019			CITY-ST-ZIP	
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSOLAIS, JACKIE			NAME	
STREET ADDRESS	535 HENDRICKS ISLE, #306			STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33301			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELESHIAN, MILE			NAME	
STREET ADDRESS	535 HENDRICKS ISLE, #206			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 all other like empowered.					
SIGNATURE: <i>James W. Schuler</i> Agent 4/5/06 954 566-1661					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	



04052006 Chg-NP CR2E037 (11/05)