
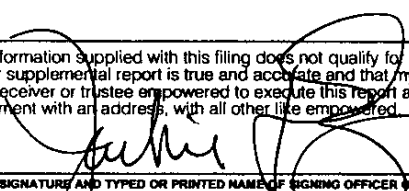


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90194 006 \*\*\*\*61.25

|  |   |   |  |
|--|---|---|--|
| <b>DOCUMENT # 704318</b>   |   |  |  |
| 1. Entity Name<br><b>BURTON POINT INC</b>  |   |   |  |
| Principal Place of Business<br><b>535 HENDRICKS ISLE<br/>FT LAUDERDALE, FL 33301</b>   |   | Mailing Address<br><b>PO BOX 24627<br/>FORT LAUDERDALE, FL 33302</b>              |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |
| City & State   |   | City & State  |  |
| Zip  | Country   | Zip   | Country  |
| 6. Name and Address of Current Registered Agent  |   | 7. Name and Address of New Registered Agent                                       |  |
| <b>VMC REALTY</b><br><b>2132 E OAKLAND PARK</b><br><b>2ND FLOOR</b><br><b>FORT LAUDERDALE, FL 33306</b>  |   | 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 _____<br><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, 2008</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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>MARSOLAIS, JACQUELINE<br>535 HENDRICKS ISLE, # 306<br>FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>HOLM, TOM<br>535 HENDRICKS ISLE # 209<br>FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D.<br>KELESHIAN, MILE<br>535 HENDRICKS ISLE, #206<br>FORT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | Mike Keleshian (DIRECTOR) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>535 Hendricks Isle, # 206<br>Fort Lauderdale, FL 33301 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>RABASCA, MIKE<br>535 HENDRICKS ISLE, # 307<br>FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>DOBBS, ROBERT<br>535 HENDRICKS ISLE, # 309<br>FORT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | STD Robert Dobbs <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>98 Tenby Chase Drive<br>Voorhees, NJ 08043                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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:    |   | 4-10-08 954-779-3299  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | <small>Date Daytime Phone #</small>   |  |