2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 08, 2008 8:00 am Secretary of State

| DOCUMENT # 735151 1. Entity Name BURDEN FOR SOULS, INC. | | | | | | |) | 05-08-2008 9 | 0026 028 | ****70.0 | 00 |
|--|---|--|---------------------|--|--|---|---|----------------------------------|--|--|--|
| Principal Place of Business 1214 ROGER BABSON RD. ORLANDO, FL 32808 | | | 1214 | g Address I ROGER BABSON INDO, FL 32808 | RD. | | | . A pirth after head aller a | | | AD OLEN |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mail | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Su | Suite, Apt. #, etc. | | | | Chg-NP | CR2E0 | 37 (12/06) | |
| City & State | | | Cit | y & State | | 4. FEI Numbe 51-020 | | | | oplied For ot Applicable | |
| Zip | Zip Country | | Ziç | Zip | | untry | 5. Certificate | of Status Desired | D D | \$8.75 Add Fee Require | |
| | 6. Name | and Address of Currer | t Registere | d Agent | | | 7. Name and | Address of New | Registered | Agent | |
| DUVALL, C. TOM 1214 ROGER BABSON RD. ORLANDO, FL 32808 | | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | | | City | | | FL | Zip Cod | е |
| | e named entity tions of regist | y submits this statement tered agent. | for the purp | ose of changing its | register | ed office or registe | ered agent, or bot | th, in the State of F | lorida. Lam | familiar with, | and accept |
| SIGNATURE | | | | | | | | | | | |
| Sichertoric | Signature, typed | or printed name of registered age | nt and title if app | dicable. (NOT | E: Registere | ed Agent signature require | ed when reinstating) | | CIATE | | |
| SIGNATURE | Filing Fe | or printed name of registered age the is \$61.25 flary 1, 2008 | nt and title if epp | 9. Election Ca Trust Fund | mpaign f | Financing | \$5.00 May 8 Added to Fees | | Make checi | k payable to treent of Si | |
| 10. | Filing Fe | e is \$61.25 | | 9. Election Ca Trust Fund | mpaign f | Financing tion. | \$5.00 May 8 Added to Fees | | Make checi orida Depar | tment of S | tate |
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12. I hereby certry that the information supplied with this titing 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: Danda J. DuVall Wanda J. DuVall 4/24/08 401-295-9877