## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 16, 2008 8:00 am Secretary of State 01-16-2008 90048 017 \*\*\*150.00 DOCUMENT # F05000002968 1. Entity Name BURCHAM INTERNATIONAL, CORP. quuv 1 Principal Place of Business Mailing Address 5100 WHEELIS DRIVE P 0 BOX 381348 SUITE 215, MAC BAILEY GERMANTOWN, TN 38183 MEMPHIS, TN 38117 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 01092008 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For Not Applicable 62-1134390 Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURCHAM, RANDALL JR. 4009 CASEY KEY ROAD Street Address (P.O. Box Number is Not Acceptable) NOKOMIS, FL 34275 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TIFLE Delete LEGRAND CRAPS Change Addition ш 4068 B FERNANDINA Rd. BURCHAM, RANDALL JR. NAME STREET ADDRESS 4009 CASEY KEY ROAD STREET ADDRESS NOKOMIS, FL 34275 CITY-ST-ZIP CHTY-ST-ZIP ITILE SD TITLE Addition ☐ Delete ☐ Change SHAW, LYNN T NAME NAME 1100 RIDGEWAY LOOP STREET ADDRESS STREET ADDRESS CHY-ST-ZIP MEMPHIS, TN 38120 CITY ST-ZIP TITLE ☐ Delete THILE Change ■ Addition MOORE, MEYER NAME NAME STREET ADDRESS 4068-B FERNANDINA ROAD STREET ADDRESS CITY-ST ZIE COLUMBIA, SC 29212 CHY-ST ZIP Change ☐ Delete TITER ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition ☐ Delete DILL NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TOTLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST ZIP

12. Thereby 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 in changed, or on an attachment with an attockess, with all other like empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR

EGRANO CLAPPS

SIGNATURE:

**FILED**