

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002243

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: BURNETT INTERNATIONAL UNIVERSITY, INC.

## Current Principal Place of Business:

13 BOULEVARD 15 OCTOBRE  
BELVIL TABARRE HAITI WI, OC

## New Principal Place of Business:

13 BOULEVARD 15 OCTOBRE  
BELVIL TABARRE HAITI, WI W.I. OC

## Current Mailing Address:

7462 SALLY LYN LN  
LAKE WORTH, FL 33467

## New Mailing Address:

FEI Number: 98-0434817      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOISE, FR BURNET REV  
7462 SALLY LYN LN  
LAKE WORTH, FL 33467 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DCP ( ) Delete  
Name: MOISE, FR BURNET REV  
Address: 7462 SALLY LYN LN  
City-St-Zip: LAKE WORTH, FL 33467

Title: DVCV ( ) Delete  
Name: ST LOUIS, CARLINE MD  
Address: 7462 SALLY LYN LN  
City-St-Zip: LAKE WORTH, FL 33467

Title: S ( ) Delete  
Name: RICHARDSON, YOLEX  
Address: 4471 NW 106TH AVE  
City-St-Zip: CORAL SPRINGS, FL 33065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. FR. MOISE BURNET

DCP

04/26/2007

Electronic Signature of Signing Officer or Director

Date