2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# F06000004319

Entity Name: BURLINGAME INDUSTRIES, INCORPORATED

Current Principal Place of Business:

1221 COUNTY ROAD 543B
SUMTERVILLE, FL 33585

New Principal Place of Business:

1575 EAST CR 470
SUMTERVILLE, FL 33585

Current Mailing Address:

1221 COUNTY ROAD 543B
SUMTERVILLE, FL 33585

New Mailing Address:

3546 N RIVERSIDE AVE
RIALTO, CA 92377

FEI Number: 94-1701932 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SULLIVAN, JAY B
1221 COUNTY ROAD 543B
SUMTERVILLE, FL 33585 US

Name and Address of New Registered Agent:

MANLOVE, GARY
1575 EAST CR 470
SUMTERVILLE, FL 33585 US

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: GARY MANLOVE 01/10/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CCEO ( ) Delete
Name: BULINGAME, ROBERT C
Address: 3546 N RIVERSIDE AVE
City-St-Zip: RIALTO, CA 92377

Title: VC ( ) Delete
Name: THOMPSON, ROGER D
Address: 3546 N RIVERSIDE AVE
City-St-Zip: RIALTO, CA 92377

Title: DCFO ( ) Delete
Name: JONES, RICHARD E
Address: 3546 N RIVERSIDE AVE
City-St-Zip: RIALTO, CA 92377

Title: DP ( ) Delete
Name: BURLINGAME, KEVIN C
Address: 3546 N RIVERSIDE AVE
City-St-Zip: RIALTO, CA 92377

Title: VPD ( ) Delete
Name: BURLINGAME, SEAMUS P
Address: 3546 N RIVERSIDE AVE
City-St-Zip: RIALTO, CA 92377

Title: SD ( ) Delete
Name: ROBINSON, WILLIAM L
Address: 3546 N RIVERSIDE AVE
City-St-Zip: RIALTO, CA 92377

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:

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: RICHARD E JONES DCFO 01/10/2007
Electronic Signature of Signing Officer or Director Date