2006 FOR PROFIT CORPORATION ANNUAL REPORT FILED Apr 14, 2006 08:00 AN Secretary of State **DOCUMENT # G01605** 1. Entity Name BURWYNN ENGINEERING, INC. Principal Place of Business Mailing Address % ROBERT BURGESS % ROBERT BURGESS 19800 CASTLEWOOD DR. 19800 CASTLEWOOD DR. JUPITER, FL 33458 JUPITER, FL 33458 No Chg-P CR2E034 (11/05) 01032006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2256894 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE **BURGESS, ROBERT** 19800 CASTLEWOOD DR. JUPITER, FL. IN THIS SPACE 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 \$5.00 May Be 9. Election Campaign Financing H000001503622 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 04/28/06-80013-005 150.00 OFFICERS AND DIRECTORS 10. TITLE BURGESS, R J NAME STREET ADDRESS 19800 CASTLEWOOD DR CITY-ST-ZIP JUPITER, FL 33458 VS TRE BURGESS, J.A. NAME 19800 CASTLEWOOD DR STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TISSE NAME STREET ADDRESS CITY-ST-ZIP TITL & NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TIBLE NAME STREET ADDRESS City-ST-7IP

SIGNATURE AND TYPED OR PROTED NAME OF SIGNING OFFICER OR DIRECTOR

561-301-8831