2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # G24505 1. Entity Name 03-30-2007 90131 007 ***150.00 H.N. BURNS ENGINEERING CORPORATION 7105 P. G. H. Principal Place of Business Mailing Address 3275 PROGRESS DR 3275 PROGRESS DR SUITE A SUITE A ORLANDO FL 32826 ORLANDO FL 32826 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. # etc. Suite Apt # etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2265406 Not Applicable Zip Country Zip 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 Name BURNS, HOYT N. Street Address (P.O. Box Number is Not Acceptable) 3275 PROGRESS DR SUITE A ORLANDO FL 32826 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE Delete TEDE Change BURNS, HOYT N. NAME NAME 9901 LAKE GEORGIA DRIVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32817 CITY-SI-7IP CfTY - ST - 7IP TITLE Delete TITLE ☐ Change Addition YUN, STEVEN T NAME NAME 10058 RIVERS TRAIL DRIVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32817 CITY-SI-ZIP CITY-S1-ZIP TITLE ☐ Detete ☐ Change ☐ Addition CONRAD, WILLIAM G NAME STREET ADDRESS **4645 JETTY STREET** STREET ADDRESS ORLANDO FL 32817 CITY-S1-ZIP CITY-ST-ZIP Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-S1-7IP Addition TITLE Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP Defete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Section 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.

FILED

Mar 30, 2007 8:00 am

SIGNATURE: 1-26-2007 407-273-3770