

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90399 006 \*\*\*150.00

<b>DOCUMENT # G69231</b> 1. Entity Name <b>KEN BURNS, INC.</b>					
Principal Place of Business <b>8221 GLADES RD BOCA RATON, FL 33434</b>			Mailing Address <b>% KENNETH W. BURNS P.O. BOX 811537 BOCA RATON, FL 33481</b>		
2. Principal Place of Business <b>4301 N. OCEAN BLVD</b> Suite, Apt. #, etc. <b>A705</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>BOCA RATON FL</b>		City & State <b>BOCA RATON FL</b>			
Zip <b>33431</b>		Country <b>USA</b>		4. FEI Number <b>59-2360633</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BURNS, KENNETH 4301 N. OCEAN BLVD.-A705 BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BURNS, KENNETH</b> <b>4301 N OCEAN BLVD., #A705</b> <b>BOCA RATON, FL 33434</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BURNS, SARA</b> <b>4301 N OCEAN BLVD., #A705</b> <b>BOCA RATON, FL 33434</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing 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.					
<b>SIGNATURE:</b>  <b>SARA BURNS</b>					
Date <b>03/01/06</b> (Daytime Phone # <b>(301) 477-8522</b> )					