



FILED
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Secretary of State

02-06-2007 90010 038 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # G79421			
1. Entity Name BURTON E. BURDICK, PROFESSIONAL ASSOCIATION			
Principal Place of Business SUITE 200 4367 N. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308-5213		Mailing Address SUITE 200 4367 N. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308-5213	
2. Principal Place of Business - No P.O. Box # 4990 E. Sabal Palm Blvd		3. Mailing Address P.O. Box 26042	
Suite, Apt. #, etc. Apt. No. 103		Suite, Apt. #, etc.	
City & State Tamarac FL		City & State Tamarac FL	
Zip 33319		Country Broward	
4. FEI Number 59-2353978		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURDICK, BURTON E 4367 N. FEDERAL HWY #200 FORT LAUDERDALE, FL 33308-5213		7. Name and Address of New Registered Agent Name BURDICK, BURTON E. Street Address (P.O. Box Number is Not Acceptable) 4990 E. Sabal Palm Blvd. Apt. #103 City Tamarac FL Zip Code 33319	
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 _____ DATE January 9, 2007 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BURDICK, BURTON E 4367 N. FEDERAL HIGHWAY #200 FT. LAUDERDALE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BURDICK, BURTON E. 4990 E. Sabal Palm Blvd., Apt. #103 Tamarac, FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: 		BURTON E. BURDICK Pres./Director	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1/9/07 Daytime Phone # 954-493-8081	