


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90058 038 ***150.00

DOCUMENT # G79856 1. Entity Name BURRIS INVESTMENT GROUP, INC.					
Principal Place of Business 5901 HAMILTON BRIDGE ROAD MILTON, FL 32570 US			Mailing Address P O BOX 505 BAGDAD, FL 32530 US		
2. Principal Place of Business - No P.O. Box # 3639 BAGWELL Road		3. Mailing Address 4300 Bayou Blvd			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Suite 21			
City & State PACE FL		City & State Pensacola FL		03162007 Chg-P CR2E034 (12/06)	
Zip 32571		Country USA		4. FEI Number 59-2527450	
Zip 32571		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ENGLISH, DEBORAH L 5885 HAMILTON BRIDGE ROAD MILTON, FL 32570				7. Name and Address of New Registered Agent Name William Burris Street Address (P.O. Box Number is Not Acceptable) 3639 BAGWELL Road City PACE FL Zip Code 32571	
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 reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
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	COBD <input type="checkbox"/> Delete BURRIS, HOWARD H. 5901 HAMILTON BRIDGE RD. MILTON, FL 32570		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete BURRIS, WILLIAM D. 5901 HAMILTON BRIDGE RD. MILTON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3639 BAGWELL Road PACE FL 32571	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete LOWERY, GREG 1332 TOUR DRIVE GULF BREEZE, FL 32563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ENGLISH, DEBORAH B. 5885 HAMILTON Bridge Road Milton, FL 32570	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: William Burris SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/17/07 Date		
850 994 3749 Daytime Phone #					