


**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	
Zip 32571	Country USA	Zip 32503	Country USA
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: <del>Pace</del> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		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 BURRIS, HOWARD H. 5901 HAMILTON BRIDGE RD. MILTON, FL 32570 <input type="checkbox"/> Delete	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 BURRIS, WILLIAM D. 5901 HAMILTON BRIDGE RD. MILTON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D 3639 BAGWELL Road Pace FL 32571 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOWERY, GREG 1332 TOUR DRIVE GULF BREEZE, FL 32563 <input checked="" 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	V/S/T/D ENGLISH, DEBORAH B. 5885 HAMILTON Bridge Road Milton, FL 32570 <input type="checkbox"/> Change <input checked="" 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
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: <u>William Burris</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>3/17/07</u> Daytime Phone #: <u>850 994 3749</u>	

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03162007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2527450 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required