2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H80755

1. Entity Name

BURCKLE GLIDDEN ASSOCIATES, INC.



FILED Apr 21, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1401 FORUM WAY

100 SUITE WEST PALM BEACH, FL 33401

12765 FOREST HILL BLVD **SUITE 1302** WELLINGTON, FL 33414



DO NOT WRITE IN THIS SPACE

02252008 CR2E034 (11/05) No Chg-P

Applied For 4. FEI Number 59-2593056 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE MENDOZA, III, MARIO G P.A. 12765 FOREST HILL BOULEVARD, SUITE 1302 WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE

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 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10.	OFFICERS AND DIREC	TORS			
TITLE	AS				
NAME	DE MENDOZA, MARIO G.,III				
STREET ADDRESS	12765 FOREST HILL BLVD STE 1302				
CITY-ST-ZIP	WEST PALM BEACH, FL 33414				
TITLE	PTS	· · · · · · · · · · · · · · · · · · ·			
NAME	GLIDDEN, MARY WYNN B.				U00000909548
STREET ADDRESS	8 HUNTLY CIR				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418				05/06/08-80074-010 150.00
TITLE	D				
NAME	GLIDDEN, MARY WYNN B				
STREET ADDRESS	8 HUNTLY CIR '			DΩ	NOT WRITE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418			טע	NOT WITE
TITLE				IN '	THIS SPACE
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CITY-ST-ZIP					
TITLE	•				•
NAME					
STREET ADDRESS					

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

4-11-08

Daytime Phone #