2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachmer

FILED Aug 14, 2006 08:00 AN **DOCUMENT # J45812** Secretary of State 1. Entity Name BURNEY J. CARTER, P.A. Mailing Address Principal Place of Business 1623 NORTH US HWY 1 1623 NORTH US HWY 1 **SUITE A2** SUITE A2 SEBASTIAN, FL 32958 SEBASTIAN, FL 32958 05122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2762963 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARTER, BURNEY J. DO NOT WRITE 1623 NORTH U.S. HWY. #1 STE. A-2 IN THIS SPACE SEBASTIAN, FL 32958 The above named only submits this s the obligations of perjetered agent. the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE. FILE NOWII: FEE 18'\$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. Due by September 6, 2006 10. OFFICERS AND DIRECTORS PD CARTER, BURNEY J. NAME STREET ADDRESS 1623 US HWY 1 SEBASTIAN, FL U00000574303 08/14/06-80009-003 550.00 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP IN THIS SPACE IIILE NAME -STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 occurate 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 of 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