FILED 2007 FOR PROFIT CORPORATION **ANNUAL REPORT** Jan 11, 2007 08:00 AM **Secretary of State** DOCUMENT # L90761 1. Entity Name T. SHEPARD BURR, P.A. Principal Place of Business Mailing Address BOX 950 369 2030 PALM WAY SANFORD, FL 32773 US LAKE MARY, FL 32795 US CR2E034 (11/05) 01082007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3007347 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BURR, T. SHEPARD DO NOT WRITE 2030 PALM WAY SANFORD, FL 32773 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D

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DO NOT WRITE IN THIS SPACE

12. Thereby 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 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 trusted employmental 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 attack vith all other like empowered.

SIGNATURE:

TITLE

NAME STREET ADDRESS

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

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS BURR, T. SHEPARD

2030 PALM WAY

SANFORD, FL

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR