


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90467 008 ****61.25

DOCUMENT # N01000001213	
1. Entity Name BURTON FOUNDATION, INC.	

Principal Place of Business 1899 SYCAMORE LANE FERNANDINA BEACH, FL 32034	Mailing Address 1899 SYCAMORE LANE FERNANDINA BEACH, FL 32034
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04202006 Chg-NP CR2E037 (11/05)

4. FEI Number 73-1584983	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRAY, ROBERT C 1899 SYCAMORE LANE FERNANDINA BEACH, FL 32034		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____

Filing Fee Is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, R.C. 1899 SYCAMORE LANE FERNANDINA BEACH, FL 32034 <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	D WALL, E.D. 2731 WEAVER HILL DRIVE APEX, NC 27502 <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	D GRAY, J.M. 730 STONEGATE DR. WEXFORD, PA 15090 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, J.M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2000 SARA LEE LANE TALLAHASSEE FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, D.A. RT.1 - BOX 115 COWETA, OK 74429 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, D.A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16906 S. 241 st E. AVE COWETA, OK 74429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GRAY, G.S. 6700 ACORN DRIVE OKLAHOMA CITY, OK 73151 <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	DP GRAY, B.S. 6700 ACORN DRIVE OKLAHOMA CITY, OK 73151 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRAY, B.A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6700 ACORN DR. OKLAHOMA CITY OK 73151

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 617, 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: BARRY A. GRAY 4/21/06 405 755 5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BARRY A. GRAY