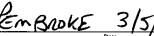
2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mar 15, 2006 8:00 am **Secretary of State** DOCUMENT # N04000009608 03-15-2006 90100 045 ****61.25 WALTER BURKE MEMORIAL FOUNDATION, INC. Mailing Address Principal Place of Business 40032080 8517 SOUTH US HWY #1 8517 SOUTH US HWY #1 PORT ST. LUCIE, FL 34952 US PORT ST. LUCIE, FL 34952 US CR2E037 (11/05) 01162006 No Chg-NP DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1827748 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PEMBROKE, WILLIAM G DO NOT WRITE 8517 SOUTH US HWY #1 PORT ST. LUCIE, FL. 34952 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. DATE 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 Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2006 10. OFFICERS AND DIRECTORS TITLE NAME BURKE, KEVIN STREET ADDRESS 8517 SOUTH US HWY #1 CITY-ST-ZIP PORT ST. LUCIE, FL 34952 DIRECTOR NAME WILLIAM PEMBROLE STREET ADDRESS 8517 South US 1 CITY-ST-ZIP PORT ST. LUCIE TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP



FILED