


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 16, 2008 8:00 am**  
**Secretary of State**

06-16-2008 90003 007 \*\*\*\*61.25

<b>DOCUMENT # N98000004218</b>	
1. Entity Name <b>BURNT PINES SHOPPES CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>C/O CPMS 1313 UNIVERSITY DRIVE FORT MYERS, FL 33907 US</b>	Mailing Address <b>C/O CPMS 1313 UNIVERSITY DRIVE FORT MYERS, FL 33907 US</b>
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2. Principal Place of Business - No P.O. Box # <b>300 5th Ave. S.</b>	3. Mailing Address <b>14600 Farmington Road</b>
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Suite, Apt. #, etc. <b>Suite 221</b>	Suite, Apt. #, etc. <b>Suite 105</b>
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City & State <b>Naples, FL</b>	City & State <b>Livonia, MI</b>
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Zip <b>34102</b>	Country	Zip <b>48154</b>	Country <b>Wayne</b>
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05202008 Chg-NP CR2E037 (12/06)

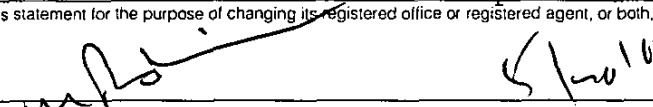
4. FEI Number <b>04-3649863</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>RAHIM, MAHMOUD MD 7117 PELICAN BAY BLVD APT 1508 NAPLES, FL 34108</b>
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7. Name and Address of New Registered Agent	
Name <b>RAHIM, MAHMOUD, MD</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>300 5th Ave. S., #221</b>	
City <b>Naples</b>	FL Zip Code <b>34102</b>

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 <b>5/20/08</b>
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<b>Filing Fee is \$61.25 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAHMOUD, RAHIM 4885 FAIRVIEW COURT WEST BLOOMFIELD, MI 483224416 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAYA, HUSSAIN 4855 FAIRVIEW COURT WEST BLOOMFIELD, MI 483224416 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE <b>5/20/08</b>	DAYTIME PHONE # <b>248 943 3129</b>
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