

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000037454			
1. Entity Name BURKE QUALITY FRAMING, INC.			
Principal Place of Business 2101 ORIOLE LN. S. DAYTONA, FL 32119		Mailing Address 2101 ORIOLE LN. S. DAYTONA, FL 32119	
DO NOT WRITE IN THIS SPACE			
		 04232004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3639920	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSSELL, DAVID B 213 SILVER BEACH AVE. DAYTONA BEACH, FL 32118		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000136810 04/28/04-80098-020 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, THOMAS 2101 ORIOLE LN. S. DAYTONA, FL 32119		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, JANIE 2101 ORIOLE LN. S. DAYTONA, FL 32119		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: 		4-23 04 Date Daytime Phone #	