
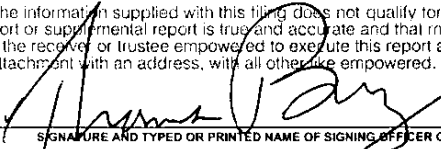


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90015 031 \*\*\*150.00

DOCUMENT # P01000079971					
1. Entity Name <b>BURKE HOLDINGS, INC.</b>					
Principal Place of Business <b>1421 WEST TERRA MAR DRIVE POMPANO BEACH, FL 33062</b>			Mailing Address <b>1421 WEST TERRA MAR DRIVE POMPANO BEACH, FL 33062</b>		
2. Principal Place of Business - No P.O. Box # <b>1110 SW 128TH Dr</b>		3. Mailing Address <b>1110 SW 128TH Dr</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Davie, FL</b>		City & State <b>Davie, FL</b>		4. FEI Number <b>65-1135852</b>	
Zip <b>33325</b>		Country <b>USA</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03072008 Chg-P CR2E034 (12/06)			
6. Name and Address of Current Registered Agent  <b>BURKE, CATHERINE B 1421 WEST TERRA MAR DRIVE POMPANO BEACH, FL 33062</b>			7. Name and Address of New Registered Agent Name <b>Thomas M. Burke</b> Street Address (P.O. Box Number is Not Acceptable) <b>1110 SW 128TH Dr</b> City <b>Davie</b> State <b>FL</b> Zip Code <b>33325</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 <input checked="" type="checkbox"/> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURKE, CATHERINE B 1421 WEST TERRA MAR DRIVE POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Thomas M. Burke 1110 SW 128TH Dr Davie FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Catherine A. Morrison 6 River Road Westport, CT 06880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<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		<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		<input type="checkbox"/> Delete	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 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 duly empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					