

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90021 011 ***158.75

DOCUMENT # P01000091644

1. Entity Name
 BURTON REID HOLDINGS, INC.



Principal Place of Business
 21174 LA VISTA CIR.
 BOCA RATON, FL 33428

Mailing Address
 21174 LA VISTA CIR.
 BOCA RATON, FL 33428

40120040

2. Principal Place of Business - No P.O. Box #
 19 WOODS LANE

3. Mailing Address
 PO Box 6307

Suite, Apt. #, etc.
 BOYNTON Bch, FLA 33436

Suite, Apt. #, etc.
 DELRAY Bch, FLA

City & State
 33436 USA

City & State
 33436 USA

Zip Country Zip Country



06122007 Chg-P CR2E034 (12/06)

4. FEI Number
 65-1148825

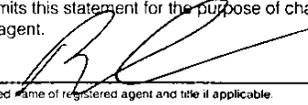
Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COHEN, BARRY
 21174 LA VISTA CIRCLE
 BOCA RATON, FL 33428

7. Name and Address of New Registered Agent
 Name: Cohen, Barry
 Street Address (P.O. Box Number is Not Acceptable): 19 WOODS LANE
 City: BOYNTON Bch, FL Zip Code: 33436

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: 6/14/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, BARRY 1026 POINSETTIA RD DELRAY BCH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, Barry 19 WOODS LANE BOYNTON BEACH, FLORIDA 33436 <input checked="" 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
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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 like empowered.

SIGNATURE:  DATE: 6/14/07 DAYTIME PHONE #: (561) 306-5483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR