


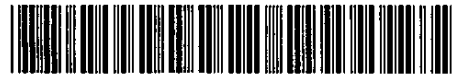
2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90128 005 ***150.00

DOCUMENT # P02000030812		
1. Entity Name MICHAEL B. BURKE ENTERPRISES, INC.		

Principal Place of Business 3314 THOMAS BUTLER DR. TALLAHASSEE FL 32308	Mailing Address 3314 THOMAS BUTLER DR. TALLAHASSEE FL 32308
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2. Principal Place of Business		3. Mailing Address 9076 Old St. Augustine Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Tallahassee, FLA	
Zip	Country	Zip 32311	Country USA

1st MOORE CR2E034 (10/05)

4. FEI Number 03-0426398		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 WHITAKER, THOMAS L SR 1607 WOODGATE WAY TALLAHASSEE FL 32308		7. Name and Address of New Registered Agent Name Traci Burke Street Address (P.O. Box Number is Not Acceptable) 9076 Old St. Augustine Rd City Tallahassee FL Zip Code 32311

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 **Traci Burke** DATE **3/15/06**

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. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURKE, MICHAEL B 3314 THOMAS BUTLER DR. TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9076 Old St. Augustine Rd 32311
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
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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 Section 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: **Michael Braneen Burke** DATE **3/15/06** (850) 570-9777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #