

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90782 001 ***100.00
 04-30-2007 90782 002 ****50.00

DOCUMENT # P02000056224



1. Entity Name
 D. BURCHAM, INC.

Principal Place of Business
 2057 RANGE RD
 CLEARWATER, FL 33765

Mailing Address
 2057 RANGE RD
 CLEARWATER, FL 33765

2. Principal Place of Business - No P.O. Box #
 1650 LANEY DR

3. Mailing Address
 1650 LANEY DR

Suite, Apt. #, etc.



04152007 Chg-P CR2E034 (12/06)

City & State
 PALM HARBOR FL

City & State
 PALM HARBOR FL

4. FEI Number
 02-0614041

Applied For
 Not Applicable

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

Zip 34683 Country

Zip 34683 Country

6. Name and Address of Current Registered Agent
 BURCHAM, B. DAVID II
 2057 RANGE RD
 CLEARWATER, FL 33765

7. Name and Address of New Registered Agent
 Name B. DAVID BURCHAM II
 Street Address (P.O. Box Number is Not Acceptable)
 1650 LANEY DR
 City PALM HARBOR FL Zip Code 34683

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 *B. David Burcham II* DATE 4-27-2007

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 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	PVST BURCHAM, B. DAVID 2057 RANGE RD CLEARWATER, FL 33765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1650 LANEY DR PALM HARBOR, FL 34683
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: *B. David Burcham II* DATE 4-27-2007 (727 446-0847)

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #