2008 FOR PROFIT CORPORATION

of the corporation or the rec-changed, or on an attachme

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 17, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P02000056224 D. BURCHAM, INC. Principal Place of Business Mailing Address 1670 LANEY DR 1670 LANEY DR PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 03202008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0614041 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BURCHAM, B. DAVID II DO NOT WRITE **1670 LANY DR** PALM HARBOUR, FL 34883 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ไม่ที่มีกักการเกิดเลือก 05/01/08-8D038-018 75.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS U00000905052 05/01/08-80038-019 75.00 **PVST** TITLE BURCHAM, B. DAVID NAME **1670 LANY DR** STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34683 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS s filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information us and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director tred to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information s indicated on this report or supplement

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