2008 FOR PROFIT CORPORATION

Jan 28, 2008 08:00 AN Secretary of State ANNUAL REPORT **DOCUMENT # P02000057015** 1. Entity Name BURTON SCHOEPF, INC Principal Place of Business Mailing Address 1900 GULF BLVD 1900 GULF BLVD INDIAN ROCKS BCH, FL 33785 INDIAN ROCKS BCH. FL 33785 CR2E034 (11/05) 01152008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 71-0885614 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SCHOEPF, BURTON 1900 GULF BLVD INDIAN ROCKS BCH, FL 33785 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) 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 OFFICERS AND DIRECTORS 10. **PVST** TITLE SCHOEPF, BURTON NAME STREET ADDRESS 1900 GULF BLVD CITY-ST-ZIP INDIAN ROCKS BCH, FL 33785 U00000800530 TITLE 01/31/08-80021-005 150.00 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 NAME

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 rith an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP

727-595-1083

FILED