

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000075942

1. Entity Name  
BURKE VENTURES, INC.



FILED

06 FEB 22 PM 12: 10



02032006 Chg-P CR2E034 (11/05)

Principal Place of Business  
31 OCEAN REEF DR., STE. C-302  
KEY LARGO, FL 33037

Mailing Address

31 OCEAN REEF DR., STE. C-302  
KEY LARGO, FL 33037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
16-1616571

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

PERSAUD, SAMUEL A ESQ.  
1320 SOUTH DIXIE HWY., STE. 715  
CORAL GABLES, FL 33146

Name

Samuel A. Persaud, P.A.

Street Address (P.O. Box Number is Not Acceptable)

201 N. Krome Avenue

Suite 200

City

Homestead

FL Zip Code  
33030

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.

Signed  
Signature

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE  
2-6-06

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution:

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PSTD  
BURKE, MITA M  
31 OCEAN REEF DR., STE. C-302  
KEY LARGO, FL 33037

Delete

## 11.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

4000066492444  
02/23/06--01014--001 \*\*1111.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06  
Date

Daytime Phone #