2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 27, 2006 08:00 AN DOCUMENT # P02000100745 1. Entity Name **Secretary of State** ROBERT G. BURNS, INC. Principal Place of Business Mailing Address 3535 MARSH RD 3535 MARSH RD DELAND, FL 32724 DELAND, FL 32724 CR2E034 (11/05) 01122006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 37-1441486 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent **BURNS, ROBERT G** DO NOT WRITE 3535 MARSH RD DELAND, FL 32724 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 Fiorida. 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 UNDONA05154 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 02/07/06-80029-010 150.00 OFFICERS AND DIRECTORS 10. DPS TITLE BURNS, ROBERT G NAME STREET ADDRESS 3535 MARSH RD DELAND, FL 32724 CITY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 receives by trustee empowered to execute all 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

FILED

1000-CCE-18E

Daytime Phone #

Date