## 2005 FOR PROFIT CORPORATION

**FILED** Jan 20, 2005 08:00 AM

ANNUAL REPURI					Secretary of State			
DOCU	MENT # P030000538			SC	ıcıaı	y of State		
1. Entity Name	e							
BURNS M	ICKEE, INC.							
			No.	_				
Principal Place		Mailing Address						
	505 NORTHEAST 20TH AVENUE 505 NORTHEAST 20TH AVENUE		E					
SUITE 209				ł				
DEFKLIETD R	DEERFIELD BEACH, FL 33441-2904 DEERFIELD BEACH, FL 3344		-2904	1 (	ir muine tille ealle aatli aa	iii Buiti Biite i	IIDE EREER INEEN ENIINNE DE ENNE	
				01182005	No Chg-P	CR2E0	134 (10/03)	
DO NOT WRITE IN THIS SPACE			CF				· · · · · · · · · · · · · · · · · · ·	
			<b>-</b>	4. FEI Numb			Applied For Not Applicable	
							\$8.75 Additional	
			2.7.1	5. Certificate	of Status Desired		Fee Required	
	6. Name and Address of Current Rec	istered Agent						
MOKEE	ADVD						_	
MCKEE, MARY B 505 NORTHEAST 20TH AVENUE				DO	NOT W	RITE	<b>=</b>	
SUITE 209							_ •	
DEERFIELD BEACH, FL 33441-2904				IN	THIS SF	'ACE	•	
<u> </u>								
8. The above r	named entity submits this statement for the ons of registered agent,	purpose of changing its registere	ed office or register	red agent, or bo	th, in the State of Fk	orida. I am i	familiar with, and accept	
and oongain	ons of logistered agent,							
SIGNATURE_								
Signature, typed or printed name of registered agent and site if applicable. (NOTE, Registered Agent signature)				(when reinstating)	,	DATE	<u> </u>	
		9. Election Campaign Finar	cina <b>C</b> E	00 May Be				
	NOW!!! FEE IS \$150.00 y 1, 2005 Fee will be \$550.00	Trust Fund Contribution.		ed to Fees				
Aitei ma	y 1, 2005 fee will be \$550.00				1000000   61/21/05	1186438	}	
10.	OFFICERS AND DIR	ECTORS			01721705-	-80055-	015 130-10	
	PST							
1 1	MCKEE, MARY B		l					
: :	505 NE 20TH AVENUE		l					
CITY-ST-ZIP	DEERFIELD BEACH, FL 334412904							
TITLE			l					
NAME								
STREET ADDRESS								
CITY-ST-ZIP								

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 regalred 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:

TITLE NAME STREET ADDRESS

MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP TITLE

Mary B McKee

Daytime Phone #