2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 20, 2006 08:00 AN **DOCUMENT # P03000056811 Secretary of State** BURKARD MARINE, INC. Principal Place of Business Mailing Address 8351 LAUREL LAKES BLVD 8351 LAUREL LAKES BLVD NAPLES, FL 34119 NAPLES, FL 34119 CR2E034 (11/05) 03262006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1169302 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent BURKARD, CHRISTOPHER DO NOT WRITE 8351 LAUREL LAKES BLVD NAPLES, FL 34119 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPT TITLE BURKARD, CHRISTOPHER NAME STREET ADDRESS 8351 LAUREL LAKES BLVD NAPLES, FL 34119 CITY-ST-7/P U00000521700 TITLE 05/02/06-80145-024 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 with an address, with all other like

NAME STREET ADDRESS CITY-ST-ZIP

> Christopher G. Burkard SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239)253 - 3670

FILED