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Apr 18, 2007 8:00 am
Secretary of State
03-23-2007 90006 013 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000131905

1. Entity Name
L.BURT, INC

Principal Place of Business	Mailing Address
1011 FEATHER DRIVE DELTONA, FL 32725 US	1011 FEATHER DRIVE DELTONA, FL 32725 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

02112007 Chg-P CR2E034 (12/06)

4. FEI Number 42-1610734 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN RD SUITE 400 MIAMI BEACH, FL 33139	Name JOSEPH K. NOFIL, P.A. Street Address (P.O. Box Number is Not Acceptable) 3284 N. STATE ROAD 7 City LAUDERDALE LAKES FL Zip Code 33319

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES BURT, LARRY D 1011 FEATHER DRIVE DELTONA, FL 32725	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Larry Burt 3/18/07 386717-7019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #