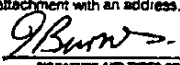


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005 8:00 am
Secretary of State

04-27-2005 90307 037 ***150.00

DOCUMENT # P04000097878																											
1. Entry Name BURNS INVESTMENTS, INC.																											
Principal Place of Business 505 AVENUE A, NW SUITE 102 WINTER HAVEN, FL 33881 US		Mailing Address 505 AVENUE A, NW SUITE 102 WINTER HAVEN, FL 33881 US																									
2. Principal Place of Business 15504 AMBERBEAM BLVD		3. Mailing Address 15504 AMBERBEAM BLVD																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State WINTER GARDEN		City & State WINTER GARDEN																									
Zip 34787	Country USA	Zip 34787	Country USA																								
6. Name and Address of Current Registered Agent GOVONI & ASSOCIATES, INC. 505 AVENUE A, NW SUITE 102 WINTER HAVEN, FL 33881		7. Name and Address of New Registered Agent Name JOE BURNS Street Address (P.O. Box Number is Not Acceptable) 15504 AMBERBEAM BLVD City WINTER GARDEN FL Zip Code 34787																									
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.																											
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		DATE: 06-22-2005 407654 8968																									
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR		DATE																									

00063331



04112005 Chg-P CR2E034 (10/03)

4. FEI Number
20-2405281

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

GOVONI & ASSOCIATES, INC.
505 AVENUE A, NW
SUITE 102
WINTER HAVEN, FL 33881

Name **JOE BURNS**

Street Address (P.O. Box Number is Not Acceptable)
15504 AMBERBEAM BLVD

City **WINTER GARDEN**

FL

Zip Code
34787

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.

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DATE: **6/21/05**

FILE NOW! FEE IS \$150.00
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\$5.00 May Be
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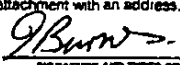
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SIGNATURE:



JOSEPH BURNS

06-22-2005

407654 8968

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #