

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000107949

Entity Name: BURKE BRANDS, INC.

FILED
Apr 19, 2007
Secretary of State

Current Principal Place of Business:

18229 NE 4TH CT
N MIAMI BEACH, FL 33162

New Principal Place of Business:

503 NE 189TH STREET
MIAMI, FL 33179

Current Mailing Address:

18229 NE 4TH CT
N MIAMI BEACH, FL 33162

New Mailing Address:

503 NE 189TH STREET
MIAMI, FL 33179

FEI Number: 54-2154754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, DARRON
18229 NE 4TH CT
N MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

BURKE, DARRON
503 NE 189TH STREET
MIAMI, FL 33179 US

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.

SIGNATURE:

04/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURKE, DARRON
Address: 18229 NE 4TH CT
City-St-Zip: N MIAMI BEACH, FL 33162 US

Title: VP () Delete
Name: BURKE, ELIANA M MRS
Address: 18229 NE 4TH CT
City-St-Zip: N MIAMI BEACH, FL 33162 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BURKE, DARRON
Address: 503 NE 189TH STREET
City-St-Zip: MIAMI, FL 33179 US

Title: VP (X) Change () Addition
Name: BURKE, ELIANA M MRS
Address: 503 NE 189TH STREET
City-St-Zip: MIAMI, FL 33179 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRON BURKE

PD

04/19/2007

Electronic Signature of Signing Officer or Director

Date