2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2005 8:00 am Secretary of State 02-11-2005 90040 006 ***150.00 **DOCUMENT # P04000158676** BURKE INVESTMENTS OF NORTH FLORIDA, INC. Principal Place of Business Mailing Address 2001 E. STEVEN ST. 2001 E. STEVEN ST. 66013727 INVERNESS, FL 34453 INVERNESS, FL 34453 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 02082005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Q0- 190 16 00 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 Zip Code 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 Symbol needs considerated by seed appropriate Laplacence GIGHE For stored Agon agreement of production rensearing 2162 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** TITLE Dalele TITLE Change Addition }.AME BURKE, JEFFREY L 2001 E. STEVEN ST. STREET ACCINESS STREET ADDRESS CITY ST ZIP INVERNESS, FL 34453 CITY ST JIP TITLE □ Delete TITLE ☐ Charge Addition BURKE, PAMELA L LAME KALLE STREET ADDRESS 2001 E. STEVEN ST. STREET ADDRESS INVERNESS, FL 34453 CITY ST ZIP CIFY ST ZIP Delete INTLE MILE Charlos ■ Addition LALLE KALIE STREET AUGRESS STREET ADDRESS OTY ST ZIP CITY ST ZIP TITLE ☐ Delete TITLE ☐ Change Addition HAME KAME STREET ATMASSS STREET ADORESS CITY ST-ZIP CITY ST ZIP TITLE □ Ockde TITLE ☐ Change T Addition NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST ZP CITY-ST ZIP Delete TITLE TITLE ☐ Change Addition NAME LAME STREET ADORESS STREET ALDHESS CITY ST ZP للزواد تصميوا فالساب الوالد السابسا CITY-ST-ZIP - . 12. Thereby 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 inustee empowered to execute this report as required by Chapter 807. Florida Statutes: and that my name appears in Block 10 or Block 11 if chapted. Or on an attackment with an address, with all other like empowered. SIGNATURE:

FILED