2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Apr 24, 2008 8:00 am Secretary of State 04-24-2008 90100 014 ***150.00 **DOCUMENT # P06000002426** BURTON SIGNS, INC. Principal Place of Business Mailing Address 7349 WALNUT ST. P.O. BOX 734 NEW PORT RICHEY, FL 34652 PORT RICHEY, FL 34673 US 01152008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 33-1129018 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BURTON, WILLIAM L JR. DO NOT WRITE 7349 WALNUT ST NEW PORT RICHEY, FL 34652 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 the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. P/D BURTON, WILLIAM L JR. NAME STREET ADDRESS 7349 WALNUT ST. CITY-\$1-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR