2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 04, 2008 8:00 am Secretary of State DOCUMENT # P06000022155 04-04-2008 90022 015 ***150 00 1. Entity Name KIMBERLY R. BURNS, PA Principal Place of Business Mailing Address 40000016 458 NW FETTERBUSH WAY **458 NW FETTERBUSH WAY** JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957 04012008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-4325549 NOT APPLICABLE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CASTANEDA, CARLOS DO NOT WRITE 1109 SOUTH CONGRESS AVENUE WEST PALM BEACH, FL 33406 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSD** TITLE BURNS, KIM NAME STREET ADDRESS 458 NW FETTERBUSH WAY CITY-ST-ZIP JENSEN BEACH, FL 34957 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP THTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 any address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

FILED