
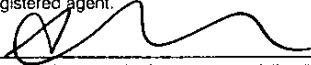
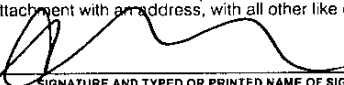


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90098 038 \*\*\*150.00

<b>DOCUMENT # P06000048031</b> 1. Entity Name <b>AMY M. BURNS, P.A.</b>					
Principal Place of Business <b>850 NW FEDERAL HIGHWAY SUITE 166 STUART, FL 34994 US</b>			Mailing Address <b>850 NW FEDERAL HIGHWAY SUITE 166 STUART, FL 34994 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2400 S.E. Midport Rd.</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite 207</b>			
City & State <b>PORT ST LUCIE FL</b>		City & State <b>PORT ST LUCIE FL</b>		4. FEI Number <b>86-116-4813</b>	
Zip <b>34952</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BURNS, AMY M 850 NW FEDERAL HIGHWAY SUITE 166 STUART, FL 34994</b>				7. Name and Address of New Registered Agent Name <b>Amy M. BURNS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2400 S.E. Midport Rd.</b> <b>Suite 207</b> City <b>PORT ST. LUCIE FL</b> Zip Code <b>34952</b>	
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  _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BURNS, AMY M 850 NW FEDERAL HIGHWAY, SUITE 166 STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Address change P. BURNS, Amy M 2400 SE Midport Suite 207, Port St 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>AMY M. BURNS</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V THOMAS F. BURNS 2400 SE Midport Rd. Suite 207, Port St. Lucie FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Thomas F. Burns 2/1/07 <small>Date Daytime Phone #</small>		

40014837



01192007 Chg-P CR2E034 (12/06)