

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000017885

FILED  
May 01, 2011  
Secretary of State

**Entity Name:** BURN FAMILY KID'S SHOES, INC.

**Current Principal Place of Business:**

650 SW PORT ST. LUCIE BOULEVARD  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

466 SW PORT ST. LUCIE BOULEVARD  
SUITE 118  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

650 SW PORT ST. LUCIE BOULEVARD  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

466 SW PORT ST. LUCIE BOULEVARD  
SUITE 118  
PORT ST. LUCIE, FL 34953

**FEI Number:** 41-2268958

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURN, ROBERT B  
105 QUEENS ROAD  
FORT PIERCE, FL 34949 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BURN, JULI R  
Address: 105 QUEENS ROAD  
City-St-Zip: FORT PIERCE, FL 34949

Title: ST  
Name: BURN, ROBERT B  
Address: 105 QUEENS ROAD  
City-St-Zip: FORT PIERCE, FL 34949

Title: VP  
Name: BURN, KEVIN T  
Address: 871 SW JASLO AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP  
Name: BURN, SAMANTHA M  
Address: 871 SW JASLO AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: ROBERT BURN

SECT

05/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date