

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000073869

FILED  
May 01, 2010  
Secretary of State

**Entity Name:** BURNSTEIN, RYAN & ASSOCIATES, INC.

**Current Principal Place of Business:**

6071 MEDICI COURT  
SARASOTA, FL 34243

**New Principal Place of Business:**

1605 MAIN STREET  
SUITE 610  
SARASOTA, FL 34236

**Current Mailing Address:**

6071 MEDICI COURT  
SARASOTA, FL 34243

**New Mailing Address:**

6071 MEDICI COURT  
302  
SARASOTA, FL 34243

**FEI Number:** 27-0917950

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BETTINGER, JENNIFER N  
6071 MEDICI CT  
SARASOTA, FL 34243 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BETTINGER, SHAWN D  
Address: 1605 MAIN STREET SUITE 610  
City-St-Zip: SARASOTA, FL 34236

Title: VP  
Name: BETTINGER, JENNIFER N  
Address: 1605 MAIN STREET SUITE 610  
City-St-Zip: SARASOTA, FL 34236

Title: VP  
Name: ARNOLD, EVA  
Address: 1605 MAIN STREET SUITE 610  
City-St-Zip: SARASOTA, FL 34236

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:** SHAWN D BETTINGER

PRES

05/01/2010

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

\_\_\_\_\_  
Date