2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 27, 2006 8:00 am DOCUMENT # P93000003743 **Secretary of State** 02-27-2006 90058 046 ***150.00 **BURDETTE & ASSOCIATES, INC.** Principal Place of Business Mailing Address 1680 STONEWALL DR. 1680 STONEWALL DR. VERO BEACH, FL 32966 VERO BEACH, FL 32966 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232006 Chq-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0380471 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUSAN C BURDETTE Street Address (P.O. Box Number is Not Acceptable) 1560 51ST COURT STONEWALL DRIVE VERO BEACH, FL 32966 Zip Code 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. Hudelle SIGNATURE. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITI F Change ☐ Addition BURDETTE, G. M. NAME NAME STREET ADDRESS 1680 STONEWALL DRIVE ~1560 51ST-COURT STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32966 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME BURDETTE, SUSAN NAME STREET ADDRESS _1560 -51ST-COURT 1680 STONEWALL DRIVE STREET ADDRESS CITY-ST-7IP VERO BEACH, FL 32966 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME PROVINI FERDINAND NAME STREET ADDRESS 1933 STRATFORD WAY STREET ADDRESS City-St-7iP WEST PALM BEACH, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 an address, with all other like empowered. Briatte

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S-BULDETTE 2-23-06

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