

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000055390		
1. Entity Name BURNS FINANCIAL MANAGEMENT, INC.		
Principal Place of Business 2000 PGA BLVD SUITE 3230 PALM BEACH GARDENS, FL 33408 US		Mailing Address P O BOX 32339 PALM BEACH GARDENS, FL 33420-2339 US
DO NOT WRITE IN THIS SPACE		
		
02062006 No Chg-P CR2E034 (11/05)		
4. FEI Number 65-0508754		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
BURNS, WALTER F III 2000 PGA BLVD SUITE 3230 PALM BEACH GARDENS, FL 33408		DO NOT WRITE 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 _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BURNS, WALTER F III 2000 PGA BLVD SUITE 3230 PALM BEACH GARDENS, FL 33408	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS CHESSEY, CAROL H 46 PRINCEWOOD LANE WEST PALM BEACH, FL 33410	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 807, 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: <u>WFB</u> WALTER F. BURNS 04/03/06 561-624-3210		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 112 Date Daytime Phone		