


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90049 004 ***150.00

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
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2. Principal Place of Business - No P.O. Box # 1208 US HIGHWAY #1	3. Mailing Address Suite, Apt. #, etc. SUITE A
City & State NORTH PALM BEACH, FL	City & State
Zip 33408	Country USA



03062007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0508754	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 741 WATERWAY DRIVE City NORTH PALM BEACH FL Zip Code 33408
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD BURNS, WALTER F III 2000 PGA BLVD SUITE 3230 PALM BEACH GARDENS, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	P/D BURNS, WALTER F III 741 WATERWAY DRIVE NORTH PALM BEACH, FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VS CHESSEY, CAROL H 46 PRINCEWOOD LANE WEST PALM BEACH, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 the empowered.

SIGNATURE:  4/11/2007 561-624-3210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #