2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P94000055390



FILED Apr 09, 2007 8:00 am Secretary of State 04-09-2007 90049 004 ***150.00

BURNS FINANCIAL MANAG		
Principal Place of Business 2000 PGA BLVD SUITE 3230 PALM BEACH GARDENS, FL 33408	Mailing Address P O BOX 32339 PALM BEACH GARDENS, F	L 33420-2339 US

SUITE 3230 PALM BEACH GARDENS, FL 33420-2339 US PALM BEACH GARDENS, FL 33408 US						 	 	89 4 88 81 8 LB 8				
2. Principal Place of Business - No P O Box # 3. Mailing Address												
Suite, Apt. #	ŧ, etc.	,	Su	ite, Apt. #, etc.			03062007	Chg-P	CR2E0	34 (12/06)		
SUITE A City & State NORTH PALM BEACH FL			City & State			4. FEI Numbe 65-050		Applied For Not Applicable				
Zip 33408	·	Country	Ziı	0	Country		5. Certificate	of Status Desired	3 1 1	\$8.75 Add Fee Required		
33408	6. Name and Address of Current Registered Agent				<u>' </u>		7. Name and Address of New Registered Agent					
Name												
BURNS, WALTER F III 2000 PGA BLVD SUITE 3230 PALM BEACH GARDENS, FL 33408					Street A	Street Address (P.O. Box Number is Not Acceptable) 741 WATERWAY DRIVE						
					City Nor	TH {	aum Be	ACI+	FL	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.												
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		FEE IS \$150.00 7 Fee will be \$550	0.00	9. Election Campa Trust Fund Conf	~		.00 May Be ed to Fees					
10.	OFFICERS AND DIRECTORS 11				11.	I = 4=		CHANGES TO C	FFICERS AND			
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NAME STREET ADDRESS					NAME STREET ADDRESS	BURNS WALTER FITT 141 WATERWAY DRIVE NORTH PALM BEACH, FL 33408						
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CHY+SI-ZIP			date de l'Or				d in Ohanna 111	V Floride Ct-1		المالة ومطورة	formation	
12. I nereby c	ertity that the	e information supplied w	zun inis filir	ig does not qualify to	or the exemptions c	ontained	a in Unapter 119 complexial offer	r, rionaa Statute	s. i lurimer cer	ary that the If	normation or director	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR