2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # P95000031240 1. Entity Name CAROLYN M. BURKE, P.A.					04-28-2008 90333 022 ***150.00			
Principal Place	e of Business		3.0					
3571 LOAN WOLF TRL SAINT AUGUSTINE, FL 32086 US SAINT AUGUSTINE, FL 3208			32086	US	1 111 151 111	1828) bilil bbill bbiy bbiy		871/8 8 9 (6 1 30)
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, et					03282008	Chg-P	CR2E034 (12/06)	· I
City & State		City & State			4. FEI Numbe 65-0573		 .	pplied For lot Applicable
Zip	Country	Country Zip Cour		stry	5. Certificate	of Status Desired	\$8.75 Ad	
6. Name and Address of Current Registered Agent			L	<u> </u>	7. Name and	Address of New R	<u>'</u>	
				Name				
BURKE, CAROLYN M 3571 LONE WOLF TRL. SAINT AUGUSTINE, FL 32086				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Coo	de
9. The phase parted antity submits this statement for the aurope of changing its register				ad affice or register	and another heat	a in the State of Fla		ned seeset
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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND DIRECTORS 11				ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS	D BURKE, CAROLYN M 3571 LONE WOLF TRL	☐ Delete	TITLI NAM STRE				☐ Change	☐ Addition
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086		-ST-ZIP				<u>, </u>	
TITLE NAME STREET ADDRESS		☐ Delete	TITL NAM STRE	1			☐ Change	☐ Addition
CITY-ST-ZIP	C		CITY	-ST-ZIP				
NAME STREET ADDRESS		☐ Delete		EET ADDRESS			☐ Change	☐ Addition
CITY-ST-ZIP			+	-ST-ZIP				
NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete		1 .			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITL NAM STRI	E			☐ Change	Addition
indicated of the co	certify that the information supplied wit on this report or supplemental report rporation or the receiver or trustee emp , or on an attachment with an address.	s true and accurate and that report	my signa : as requ	ture shall have the	same legal effect	t as if made under (oath: that I am an office	er or director