2007 FOR PROFIT CORPORATION

May 07, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P98000057800 1. Entity Name BURKEEN'S BAKERY, INC. Principal Place of Business Mailing Address 1811 SE AIRPORT RD 1433 EAST 13TH STREET STUART, FL 34996 STUART, FL 34996 03272007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0857822 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BURKEEN, TERRY M 1433 EAST 13TH STREET DO NOT WRITE STUART, FL 34996 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BURKEEN, TERRY M NAME U000000762690 STREET ADDRESS 1433 EAST 13TH STREET 05/29/07-80020-002 150.hn CITY-ST-ZIP STUART, FL 34996 TITLE NAME BURKEEN, DEBORAH STREET ADDRESS 1433 EAST 13TH STREET STUART, FL 34996 CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 like empowered.

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NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone

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