2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000086667

Entity Name: BURKE RESIDENTIAL SERVICES, INC

FILED Apr 13, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|--|----------------------------------|------------------------------------|--|--|
| | ΓΗ AVENUE N. E, FL 3377235 | 37 | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | ΓΗ AVENUE N. E, FL 3377235 | 37 | | | |
| FEI Number | r: 59-3542828 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| 11735 887 | VILLIAM JAME: ΓΗ AVENUE N. E, FL 3377235 | | | | |
| | e named entity see of Florida. | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electror | ic Signature of Registered Age | ent | Date | |
| Election Ca | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: | PVTD () BURKE, WILLI 11735 88TH AV | | Title: Name: Address: | () Change () Addition | |

City-St-Zip:

City-St-Zip: SEMINOLE, FL 33772

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J BURKE OWNE 04/13/2008