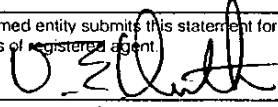
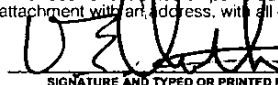


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90042 029 ***150.00

DOCUMENT # P99000032367 1. Entity Name FRONT BURNER PROPERTIES, INC.					
Principal Place of Business 14412 WADSWORTH DR ODESSA, FL 33556			Mailing Address PO BOX 461 ODESSA, FL 33556		
2. Principal Place of Business 842 BAY POINT DRIVE		3. Mailing Address 842 BAY POINT DR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MADEIRA BEACH, FL		City & State MADEIRA BEACH, FL		4. FEI Number 59-3569755	
Zip 33708		Country FLORIDA		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent VERANTH, VICTOR E 14412 WADSWORTH DR. ODESSA, FL 33556			7. Name and Address of New Registered Agent Name VERANTH, VICTOR E. Street Address (P.O. Box Number is Not Acceptable) 842 BAY POINT DRIVE City MADEIRA BEACH, FL Zip Code 33708		
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  VICTOR E. VERANTH, PRESIDENT 1-23-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (JL-1)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VERANTH, VICTOR E 14412 WADSWORTH DR. ODESSA, FL 33556	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 842 BAY POINT DRIVE MADEIRA BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VERANTH, DEBRA L 14412 WADSWORTH DR ODESSA, FL 33556	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 842 BAY POINT DRIVE MADEIRA BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 like empowered.					
SIGNATURE:  VICTOR E. VERANTH , 1-23-06, 8344-8367 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					