


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90300 049 ***150.00

DOCUMENT # P99000050780

1. Entity Name
BURKE MORTGAGE, INC.



Principal Place of Business
**513 US HWY 1
 #103
 NORTH PALM BEACH, FL 33408 US**

Mailing Address
**4179 MAGNOLIA ST
 PALM BEACH GARDENS, FL 33418 US**

34040106



2. Principal Place of Business
513 U.S. Hwy 1

3. Mailing Address
513 U.S. Hwy 1

Suite, Apt. #, etc.
113

04072004 Chg-P CR2E034 (10/03)

City & State
NORTH PALM BEACH FL. NORTH PALM BEACH FL.

Zip
33408

Country
U.S.

4. FEI Number
65-0925306

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BURKE, MICHAEL P
 419 U.S. ONE, #E-106
 NORTH PALM BEACH, FL 33408**

7. Name and Address of New Registered Agent

Name
BURKE MICHAEL P.

Street Address (P.O. Box Number is Not Acceptable)
4179 MAGNOLIA ST.

City
PALM BEACH GARDENS FL

Zip Code
33418

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 *Michael Burke* - MICHAEL BURKE DATE 04/08/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BURKE, MICHAEL P 4179 MAGNOLIA ST. PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, MICHAEL P 4179 MAGNOLIA ST. PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael Paul Burke* - MICHAEL PAUL BURKE DATE 04/08/04 DAYTIME PHONE # 561-882-9917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR