

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90028 014 ***158.75

60018613

DOCUMENT # P99000099295 1. Entity Name BURAL ENTERPRISES, INC.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 1801 PALM BEACH LAKE BLVD Suite, Apt. #, etc. SUITE 1345 City & State WEST PALM BEACH, FL			3. Mailing Address Suite, Apt. #, etc. City & State Zip 33401		
Country USA			4. FEI Number 76-2936140		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
DO NOT WRITE IN THIS SPACE			7. Name and Address of Current Registered Agent Name MUHAMMAD HUSSAIN Street Address (P.O. Box Number is Not Acceptable) 1801 PALM BEACH LAKE BLVD # 1345 City WEST PALM BEACH FL Zip Code 33401		
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 MUHAMMAD HUSSAIN 01/02/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT MUHAMMAD HUSSAIN 1801 PALM BEACH LAKE BLVD # 1345 WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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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 on an attachment with an address, with all other like empowered.					
SIGNATURE: MUHAMMAD HUSSAIN		01-02-07 409-861-4746		781-6348	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	