2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F99000006019

1. Entity Name BURK-KLEINPETER, INC.



FILED Apr 14, 2006 08:00 AN Secretary of State

Principal Place of Business

4176 CANAL STREET NEW ORLEAS, LA 70119 Mailing Address

4176 CANAL STREET NEW ORLEAS, LA 70119



03222006

No Chg-P

CR2E034 (11/05)

4. FEI Number 72-1175112

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CIT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD

DO NOT WRITE

PLANTATION, FL 33324			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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financin Trust Fund Contribution.	· _	\$5.00 May Be Added to Fees	Un0000510019≏M
10.	OFFICERS AND DIREC	TORS		0.4.200.200	3-80023-007 158.75^M
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BURK, WILLIAM R III 4176 CANAL STREET NEW ORLEANS, LA 70119			09/23/00	7-00023-001 130:13 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLEINPETER, GEORGE C 4176 CANAL STREET NEW ORLEANS, LA 70119				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARMBRUSTER, JAMES W 4176 CANAL STREET NEW ORLEANS, LA 70119			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, MICHAEL L 4176 CANAL STREET NEW ORLEANS, LA 70119			IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BADON, BRUCE L 4176 CANAL STREET NEW ORLEANS, LA 70119				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIARDINA, J.W. "BILL" JR. 4176 CANAL STREET NEW ORLEANS, LA 70119				
12. I hereby certify that the information supplied with this filling 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 changed, or on an atjach ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ess, with all other like empowered.

IMMES W ARMBRUSTER NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #