


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

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| DOCUMENT # F99000006019 1. Entity Name BURK-KLEINPETER, INC. |  |
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| Principal Place of Business 4176 CANAL STREET NEW ORLEAS, LA 70119 | Mailing Address 4176 CANAL STREET NEW ORLEAS, LA 70119 |
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03282007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 72-1175112 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
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**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD BURK, WILLIAM R III 4176 CANAL STREET NEW ORLEANS, LA 70119 |
| 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JACKSON, MICHAEL L 4176 CANAL STREET NEW ORLEANS, LA 70119 |
| 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 |

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04/23/07-80040-006 150.00

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/07 504-486-5901
Date Daytime Phone #