


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000004821 1. Entity Name COMREN, INC.	
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Principal Place of Business 3031 N. SAN FERNANDO BLVD. BURBANK, CA 91504	Mailing Address 3031 N. SAN FERNANDO BLVD. BURBANK, CA 91504
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02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4395142	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMSTUTZ, KAREN 3031 N SAN FERNANDO BLVD BURBANK, CA 91504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS AMSTUTZ, WILLIAM 3031 N. SAN FERNANDO BLVD. BURBANK, CA 91504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMSTUTZ, CHERYL 3031 N. SAN FERNANDO BLVD. BURBANK, CA 91504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPT AMSTUTZ, EDWARD 3031 N SAN FRANCISCO BLVD BURBANK, CA 91504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000424831
02/18/06-80067-008 150.00

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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:  2/3/06 818-538-7100 x20
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #