


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 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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DO NOT WRITE IN THIS SPACE



02022007 No Chg-P CR2E034 (11/05)

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 _____ DATE _____
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, 2007 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	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	

U00000624334
02/14/07-80027-014 150.00

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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: Edward Amstutz 2/1/07 818-558-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #