


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State


DOCUMENT # F97000004821
1. Entity Name
COMREN, INC.



Principal Place of Business
**3031 N. SAN FERNANDO BLVD.
BURBANK, CA 91504**

Mailing Address
**3031 N. SAN FERNANDO BLVD.
BURBANK, CA 91504**

DO NOT WRITE IN THIS SPACE



01182008 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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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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	

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01/29/08-80029-004 150.00

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IN THIS SPACE**

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** 1/18/08 818-558-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #