


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90066 010 ***150.00

DOCUMENT # P01000076464 1. Entity Name KRAKEN, INC.	
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Principal Place of Business 975 IMPERIAL GOLF COURSE BLVD UNIT 107 NAPLES, FL 34110	Mailing Address 975 IMPERIAL GOLF COURSE BLVD UNIT 107 NAPLES, FL 34110
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02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3739135	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPARKMAN, RICHARD D 307 AIRPORT PULLING RD NORTH NAPLES, FL 34104
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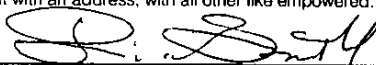
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

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	P SMITH, DIANA M 3260 14TH AVE NE NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, MATTHEW J 3260 14TH AVE NE NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  Diane M. Smith 2/13/06 239-594.9355	_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>