

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90005 024 ***150.00

DOCUMENT # P05000068807			
1. Entity Name STUART KRAHAM & ASSOCIATES INC			
Principal Place of Business 9757 COBBLESTONE CREEK DR. BOYNTON BEACH, FL 33437		Mailing Address 9757 COBBLESTONE CREEK DR. BOYNTON BEACH, FL 33437	
2. Principal Place of Business - No P.O. Box # 1655 NW 111 Way		3. Mailing Address 1655 NW 111 Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coral Springs FL		City & State Coral Springs, FL	
Zip 33071	Country FL	Zip 33071	Country FL
4. FEI Number 65-0123869		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 KRAHAM, STUART 9757 COBBLESTONE CREEK DR BOYNTON BEACH, FL 33437		7. Name and Address of New Registered Agent Name Stuart Kraham Street Address (P.O. Box Number is Not Acceptable) 1655 NW 111 Way City Coral Springs FL Zip Code 33071	
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: 5/14/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRAHAM, STUART 9757 COBBLESTONE CREEK DR. BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1655 NW 111 Way Coral Springs, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		5/14/08 561 7346193 <small>Daytime Phone #</small>	