


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P39100
 1. Entity Name
KERLIM INCORPORATED



Principal Place of Business Mailing Address
C/O WILLIAM ATTERBURY **C/O WILLIAM ATTERBURY**
321 ROYAL POINCIANA PLAZA **321 ROYAL POINCIANA PLAZA**
PALM BEACH, FL 33480 **PALM BEACH, FL 33480**

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0333389 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ATTERBURY, WILLIAM
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

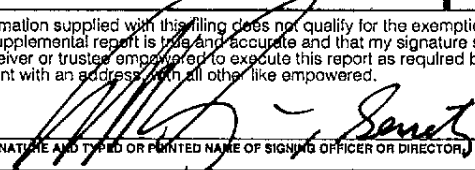
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUCHS, ROLF LENZENWIESSTRASSE 3 ZOLLIKON, SW
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ATTERBURY, WILLIAM W, III 321 ROYAL POINCIANA PL. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FUCHS, MARTHA ZURICHSTRASSE 9 ZUSNACHT, SW
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/13/05-80013-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  1/10/05 561-659-1770
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #