


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90028 027 \*\*\*150.00

**DOCUMENT # P39100**  
 1. Entity Name  
**KERLIM INCORPORATED**



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

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

2. Principal Place of Business  
**340 Royal Poinciana Way**

3. Mailing Address  
**340 Royal Poinciana Way**

Suite, Apt. #, etc.  
**Suite 321**

Suite, Apt. #, etc.  
**Suite 321**

City & State  
**Palm Beach, Florida**

City & State  
**Palm Beach, Florida**

Zip  
**33480**

Country  
**US**

Zip  
**33480**

Country  
**US**



01132006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0333389**

Applied For  
 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**

**7. Name and Address of New Registered Agent**

Name  
**William W. Atterbury III**

Street Address (P.O. Box Number is Not Acceptable)  
**340 Royal Poinciana Way**

**Suite 321**

City **Palm Beach** State **FL** Zip Code **33480**

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, 2006 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 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ATTERBURY, WILLIAM W, III 321 ROYAL POINCIANA PL. PALM BEACH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FUCHS, MARTHA ZURICHSTRASSE 9 ZUSNACHT, SW <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary William W. Atterbury III 340 Royal Poinciana Way, Suite 321 Palm Beach, Florida 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **William W. Atterbury III** Date: **1/13/2006** Daytime Phone #: **561-659-1770**