


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V62805**  
 1. Entity Name  
**KRUG TECHNOLOGY, INC.**



Principal Place of Business      Mailing Address  
**BAY #7, 335 SW 14TH AVE.**      **BAY #7, 335 SW 14TH AVE.**  
**POMPANO BEACH, FL 33069**      **POMPANO BEACH, FL 33069**

**DO NOT WRITE IN THIS SPACE**



04052005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0354716**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**WALSH, GERALD V.**  
**BAY #7, 335 S.W. 14TH AVE.**  
**POMPANO BEACH, FL 33069**

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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

U00000294519  
 04/08/05-80073-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	KRUG, MARIA
STREET ADDRESS	4034 N. OCEAN DR.
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	D
NAME	KRUG, LOUIS
STREET ADDRESS	4034 N. OVEAN DR.
CITY-ST-ZIP	HOLLYWOOD, FL 33019
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Maria Krug Maria Krug      4/6/2005      954 784-9588  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #