2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F30315

1. Entity Name
RB KANALFLAKT, INC.

Principal Place of Business	Mailing Address
C/O RAINER BLOMSTER	C/O RAINER BLOMSTER
1712 NORTHGATE BLVD.	1712 NORTHGATE BLVD.
SARASOTA, FL 34234	SARASOTA, FL 34234

DO NOT WRITE IN THIS SPACE

01202004   No Chg-P   CR2E034 (10/03)

4. FEI Number
59-2119591

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BLOMSTER, RAINER
1712 NORTHGATE BLVD.
SARASOTA, FL 34234
William G. Lambrecht
200 S. Orange Avenue
Sarasota, Fl 34236

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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 _*William G. Lambrecht*_
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE _*March 5, 2004*_

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLOMSTER, RAINER
STREET ADDRESS	1712 NORTHGATE BLVD.
CITY-ST-ZIP	SARASOTA, FL 34234

TITLE	S
NAME	ENGSTROM, GERALD
STREET ADDRESS	1712 NORTHGATE BLVD.
CITY-ST-ZIP	SARASOTA, FL 34234

TITLE	PT
NAME	WETTERGREN, OLA
STREET ADDRESS	1712 NORTHGATE BLVD
CITY-ST-ZIP	SARASOTA, FL 34234

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)(i), 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: _____   _*3/5/04*_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #