


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90030 043 ***150.00

DOCUMENT # P04000128754	
1. Entity Name KOLFRAN, INC.	

Principal Place of Business 2995 GEORGIAN MANOR DR. ALPHARETTA, GA 30022 US	Mailing Address 2995 GEORGIAN MANOR DR. ALPHARETTA, GA 30022 US
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50025958

2. Principal Place of Business 2499 GLADES ROAD	3. Mailing Address 2499 GLADES ROAD
Suite, Apt. #, etc. SUITE 305A	Suite, Apt. #, etc. SUITE 305A
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33431	Zip 33431
Country	Country



08162006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1649846	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 MILLER, JOHN P 2499 GLADES ROAD SUITE 305A BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	PD SCHMEDA, FRANCISCO G 2995 GEORGIAN MANOR DR ALPHARETTA, GA 30022 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: _____ Date _____ Daytime Phone # _____

ATTACHMENT

50025958

2499 Glades Rd Ste 305A
Boca Raton FL 33431

August 17th, 2006

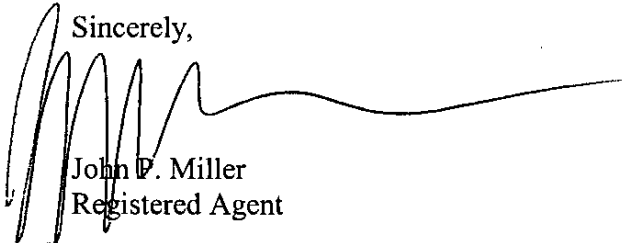
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Corporation Name: Kolfran Inc
Document Number: P04000128754

To Whom It May Concern:

Enclosed please find the annual report for the above named corporation and a filing fee of \$150.00. Please do not charge the \$400.00 late fee as the corporation did not receive the prior notice. Under Florida Statute Chapter 607.193 the corporation shall not be obligated to pay the \$400 late fee if the business entity did not receive the uniform business report prescribed by the department.

Sincerely,



John F. Miller
Registered Agent