


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90021 005 ***150.00

DOCUMENT # 163662

1. Entity Name
KALIN ENTERPRISES, INC.



Principal Place of Business
**5252 SOUTH TAMIAMI TRAIL
 SARASOTA, FL 34231**

Mailing Address
**5252 SOUTH TAMIAMI TRAIL
 SARASOTA, FL 34231**

00010000



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number
59-0623697

Applied For
 Not Applicable

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

01232006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**KALIN, EDWARD L
 340 SOUTH PALM AVENUE
 SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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	PD	<input type="checkbox"/> Delete
NAME	KALIN, EDWARD L	
STREET ADDRESS	340 SOUTH PALM AVENUE	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	V	<input type="checkbox"/> Delete
NAME	KALIN, JEFFREY M.	
STREET ADDRESS	818 PARADISE WAY	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KALIN, ALYCE W	
STREET ADDRESS	340 SOUTH PALM AVENUE	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	KESSLER, PHYLLIS K	
STREET ADDRESS	5252 SOUTH TAMIAMI TRAIL	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	VDES	<input type="checkbox"/> Delete
NAME	DEARK, BETTY	
STREET ADDRESS	5252 SOUTH TAMIAMI TRAIL	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1230 Sea Plume Way	
CITY-ST-ZIP	Sarasota, FL 34242	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: D. HESS PH. KESSLER 2/6/06 941.924.1271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #