2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# 421730

Entity Name: KIMRE, INC..

Current Principal Place of Business:

16201 SW 95 AVE, #303
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 571240
MIAMI, FL 332571240 US

New Mailing Address:

FEI Number: 59-1513528 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEDERSEN, GEORGE C.
16201 SW 95 AVE, #303
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	PEDERSEN, GEORGE C	
Address:	16201 SW 95 AVE, SUITE 303	
City-St-Zip:	MIAMI, FL 33157	
Title:	D	( ) Delete
Name:	WYATT, JOHANNA	
Address:	192 SW QUAIL PLACE	
City-St-Zip:	FT. WHITE, FL 32038	
Title:	VPD	( ) Delete
Name:	PEDERSEN, MARIETTA	
Address:	727 WEST POLE RD	
City-St-Zip:	FERNDALE, WA 982488809	
Title:	SD	( ) Delete
Name:	ORR, MARTINE	
Address:	1010 S ORAIBI CT	
City-St-Zip:	PUEBLO WEST, CO 81007	
Title:	P	(X) Delete
Name:	WIERZBICKI, DENNIS	
Address:	2101 BRICKELL AVE APT. 811	
City-St-Zip:	MIAMI, FL 33129	
Title:	D	( ) Delete
Name:	DESSLER, GARY DR.	
Address:	2 GROVE ISLE APT 707	
City-St-Zip:	MIAMI, FL 33133	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE C. PEDERSEN TD 04/07/2008

Electronic Signature of Signing Officer or Director Date