2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#750066

FILED Apr 20, 2005 Secretary of State

Entity Name: KARINA APARTMENTS, INC.

Current Principal Place of Business: New Principal Place of Business:

510 24TH AVE. N.

LAKE WORTH, FL 33460 US

Current Mailing Address: New Mailing Address:

ATLANTIC FULCRUM, INC. 5112 ARBOR GLEN CIR. LAKE WORTH, FL 33463 US

FEI Number: 59-2033264 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ATLANTIC FULCRUM, INC. 512 ARBOR GLEN CIR. LAKE WORTH, FL 33463 US

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:

Flacture Complete of Decision 1 Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PTD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 REPO, KARL
 Name:
 REPO, KARL

 Address:
 4662 COCONUT RD
 Address:
 4662 COCONUT RD

 City-St-Zip:
 LAKE WORTH, FL 33461
 City-St-Zip:
 LAKE WORTH, FL 33461

Title: VD () Delete Title: () Change () Addition

 Name:
 ARPONEN, KARI
 Name:

 Address:
 1809 NORTH N ST
 Address:

 City-St-Zip:
 LAKE WORTH, FL 33460
 City-St-Zip:

Title: SD () Delete Title: D (X) Change () Addition

 Name:
 HILL, SIRKKA
 Name:
 ASIKAINEN, JARI

 Address:
 510 24TH AVE N # 603
 Address:
 510 24TH AVE N # 404

 City-St-Zip:
 LAKE WORTH, FL 33460
 City-St-Zip:
 LAKE WORTH, FL 33460

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARL REPO P 04/20/2005