

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2007  
Secretary of State**

DOCUMENT# 750066

Entity Name: KARINA APARTMENTS, INC.

**Current Principal Place of Business:**

510 24TH AVE N  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: REPO, KARL  
Address: 728 N RIDGE RD # 25  
City-St-Zip: LAKE WORTH, FL 33462

Title: D ( ) Delete  
Name: CREVASSE, MARSHA  
Address: 510 24TH AVE N # 403  
City-St-Zip: LAKE WORTH, FL 33460

Title: VPD ( ) Delete  
Name: ASIKAINEN, JARI  
Address: 510 24TH AVE N # 404  
City-St-Zip: LAKE WORTH, FL 33460

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: REPO, KARI  
Address: 728 N RIDGE RD # 25  
City-St-Zip: LAKE WORTH, FL 33462

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARI REPO

PD

04/28/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date