

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006322

Entity Name: KREBS INTERNATIONAL, INC.

FILED
Mar 22, 2006
Secretary of State

Current Principal Place of Business:

5505 W. GILLETTE ROAD
TUCSON, AZ 85743

New Principal Place of Business:

Current Mailing Address:

5505 W. GILLETTE ROAD
TUCSON, AZ 85743

New Mailing Address:

FEI Number: 86-0939491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
ATTN: DELANIE CASE
1333 N. DUVAL STREET
TALLAHASSEE, FL 32303 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: PCD () Delete
Name: SCHLEPP, DOUGLAS D
Address: 5505 W. GILLETTE ROAD
City-St-Zip: TUCSON, AZ

Title: VD () Delete
Name: GERLACH, STEVEN C
Address: 5505 W. GILLETTE ROAD
City-St-Zip: TUCSON, AZ

Title: SD () Delete
Name: TURNER, PATRICK A
Address: 5505 W. GILLETTE ROAD
City-St-Zip: TUCSON, AZ

Title: T () Delete
Name: HOYACK, MARK
Address: 5505 W. GILLETTE ROAD
City-St-Zip: TUCSON, AZ

Title: D () Delete
Name: KELTON, GERALD P
Address: KREBS CHILE, PALAMOS 378
City-St-Zip: VITACURA, SANTIAGO, CHILE,

Title: CFO () Delete
Name: SAFFRAN, BARBARA R
Address: 5344 N VIA SEMPREVERDI
City-St-Zip: TUCSON, AZ 85750

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: CFO (X) Change () Addition
Name: SAFFRAN, BARBARA R
Address: 8621 NORTH GARY PLAYER DRIVE
City-St-Zip: TUCSON, AZ 85742

I hereby certify that the information supplied with this filing does not qualify for the 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: VICKI L TERPENING, CONTROLLER

CONT

03/22/2006

Electronic Signature of Signing Officer or Director

Date