2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003426

Title:

Name:

Address:

City-St-Zip:

FILED Jul 12, 2006 Secretary of State

Entity Name: AK ASSOCIATES 911, INC. **Current Principal Place of Business: New Principal Place of Business:** 7 INDEPENDENCE AVE. **DERRY, NH 03038 Current Mailing Address: New Mailing Address:** 7 INDEPENDENCE AVE. **DERRY, NH 03038** FEI Number: 02-0529836 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: KRAUS, ELAINE 230 PRÉSIDENT'S CUP WAY, UNIT 204 ST. AUGUSTINE, FL 32092 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PVC () Delete Title: PRFS (X) Change () Addition KRAUS, ARTHUR Name: Name: KRAUS, ELAINE 7 INDEPENDENCE AVE. 315 RYDER CUP CIRCLE, UNIT 206 Address: Address: City-St-Zip: **DERRY, NH 03038** City-St-Zip: ST AUGUSTINE, FL 33092 VTC Title: VΡ (X) Change () Addition Title: () Delete Name: KRAUS, ELAINE Name: KRAUS ARTHUR 7 INDEPENDENCE AVE. 7 INDEPENDENCE AVE Address: Address: **DERRY, NH 03038 DERRY, NH 03038** City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: SD () Delete KRAUS, THOMAS KRAUS, THOMAS Name: Name: 230 PRESIDENTS CUP WAY, UNIT 204 7 INDEPENDENCE AVE. Address: Address: City-St-Zip: **DERRY, NH 03038** City-St-Zip: ST AUGUSTINE, FL 33082

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.

Title:

Name:

Address:

City-St-Zip:

DIR

CHOUINARD, LAUREN

BERLIN, NY 12202

9 SO. MAIN ST., PO BOX 494

() Change (X) Addition

SIGNATURE: ELAINE KRAUS PRES 07/12/2006

() Delete