


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000006618	
1. Entity Name KREG CORPORATION	

Principal Place of Business 101 TOWN GREEN WILTON, CT 06897	Mailing Address 101 TOWN GREEN WILTON, CT 06897
---	---

DO NOT WRITE IN THIS SPACE



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1506390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
KRETER, STEPHEN W 3397 WEST GULF DR UNIT A SANIBEL, FL 33957	

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May-1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEVS KRETER, STEPHEN 109 CANNON ROAD WILTON, CT 06897
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCPT FERGUSON, GREGORY R 1170 BROOKGATE WAY ATLANTA, GA 30319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRETER, WARREN G 135 HARBOUR LANE MASSAPEQUA, NY 11758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROFT, EDWARD S III 500 ARGONNE AVENUE ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000727048
05/04/07-80031-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **4-17-07** **207-762-2268 x-15**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #