2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003458

Entity Name: EEKA VERMOGENSVERWALTLINGS GMRH

FILED Apr 24, 2007 Secretary of State

Littly Name. LINA	VERWOODINGVERVVALTOINGS	GIVIDIT		
Current Principal Pl	ace of Business:	New Principal Place o	New Principal Place of Business:	
8100 E 22ND STREET N #500 WICHITA, KS 672262305			8100 E 22ND ST N, #500 WICHITA, KS 672262305	
Current Mailing Address:		New Mailing Address	New Mailing Address:	
8100 E 22ND STREET N #500 WICHITA, KS 672262305			8100 E 22ND ST N, #500 WICHITA, KS 672262305	
FEI Number: 98-0124189	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
JOHNSON, STEVEN C/O JOHNSON FINA 239 US 301 BLVD EA BRADENTON, FL 34	NCIAL SERVICES ST STE F			
The above named ent in the State of Florida.		purpose of changing its registered	I office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Finar	cing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: D Name: KRUPS, FF	()Delete RITZ	Title: D Name: KRUPS, FRI	(X) Change()Addition TZ	

HERESBACHSTRASSE 17, D-42719 Address: HERESBACHSTRASSE 17 Address: City-St-Zip: SOLINGEN GERMANY, City-St-Zip: SOLINGEN, GERMANY, FC 42719 GM Title: (X) Change () Addition

() Delete Title: KRUPS, MICHAEL KRUPS, MICHAEL Name: Name:

Address: LOCHNESTR. 43 Address: LOCHNERSTR. 43

TROISDORF, GERMANY D-53844, TROISDORF, GERMANY, FC 53844 GM City-St-Zip: City-St-Zip:

Title: Title: () Delete (X) Change () Addition Name: BERNING, PETRA Name: BERNING, PETRA

Address: VERDISTR, 26A Address: VERDISTR, 26A

City-St-Zip: MUNSTER, GERMANY D-48165, City-St-Zip: MUNSTER, GERMANY, FC 48165 GM

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: FRITZ KRUPS 04/24/2007 D