


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000002178 1. Entity Name KLITZBERG ASSOCIATES, INC.	
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Principal Place of Business 600 ALEXANDER RD. PRINCETON, NJ 08540	Mailing Address 600 ALEXANDER RD. PRINCETON, NJ 08540
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DO NOT WRITE IN THIS SPACE



06012005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-2724144	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KLITZBERG, RICHARD 4501 N. OCEAN BLVD., #8 BOCA RATON, FL 33431
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**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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KLITZBERG, RICHARD 4501 N. OCEAN BLVD., #8 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLITZBERG, JUDITH 4501 N. OCEAN BLVD., #8 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000369070
06/07/05-80001-009 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	6-305 <small>Date</small>	561-989-0070 <small>Daytime Phone #</small>
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