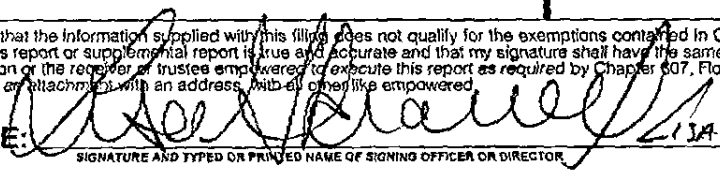


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000003413														
1. Entity Name KRAVET INC.														
Principal Place of Business 201 CENTRAL AVE S BETHPAGE, NY 11714	Mailing Address 201 CENTRAL AVE S BETHPAGE, NY 11714	 04212006 No Chg-P CR2E034 (11/05) <table border="1"><tr><td>4. FEI Number 11-3265273</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 11-3265273	Applied For Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required									
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required														
DO NOT WRITE IN THIS SPACE														
6. Name and Address of Current Registered Agent BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. 4435 OLD WINTER GARDEN ROAD ORLANDO, FL 32811		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE														
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees U00000550880 05/13/06-80077-022 150.00												
10. OFFICERS AND DIRECTORS														
<table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>DCP KRAVET, CARY 201 CENTRAL AVE S BETHPAGE, NY 11714</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>DVST KRAVET, LISA 201 CENTRAL AVE S BETHPAGE, NY 11714</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr></table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP KRAVET, CARY 201 CENTRAL AVE S BETHPAGE, NY 11714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST KRAVET, LISA 201 CENTRAL AVE S BETHPAGE, NY 11714	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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, title or other like empowered.														
SIGNATURE:  LISA G. KRAVET 4/26/06 (516) 293-2000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #														