


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90083 017 ***150.00

DOCUMENT # G01512	
1. Entity Name KARLSSON TOOL, INC.	

Principal Place of Business 1514 NW 3RD ST DEERFIELD BEACH FL 33442	Mailing Address 1514 NW 3RD ST DEERFIELD BEACH FL 33442
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MOORE CR2E034 (11/03)

2. Principal Place of Business 7266 Brunswick Circle Suite, Apt. #, etc.	3. Mailing Address 7266 Brunswick Circle Suite, Apt. #, etc.
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City & State BOYNTON BEACH FL	City & State BOYNTON BEACH FL	4. FEI Number 59-2227641	Applied For <input type="checkbox"/> Not Applicable
Zip 33437	Country PALM BEACH	Zip 33437	Country PALM BEACH

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 WARREN, JOHN G. 1514 NW 3RD ST DEERFIELD BEACH FL 33442		7. Name and Address of New Registered Agent Name WARREN JOHN G Street Address (P.O. Box Number is Not Acceptable) 7266 BRUNSWICK CIRCLE. City BOYNTON BEACH. FL Zip Code 33437	
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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: JG Warren (NOTE: Registered Agent signature required when reinstating) DATE: 1.27.04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	P WARREN, SHEILA 65 NE 11TH WAY DEERFIELD BCH. FL 33441	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WARREN, SHELIA B. 65 NE 11TH WAY DEERFIELD BCH. FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARREN, JOHN G 65 N3 11TH WAY DEERFIELD BEACH FL 33441	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARREN SHEILA 7266 BRUNSWICK CIRCLE. BOYNTON BEACH FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WARREN SHEILA. 7266 BRUNSWICK CIRCLE BOYNTON BEACH FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARREN JOHN G 7266 BRUNSWICK CIRCLE BOYNTON BEACH FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JG Warren DATE: 1.27.04 561 737 9391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #