

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H46849

Entity Name: KLOWN KAPERS, INC.

FILED  
Jan 08, 2006  
Secretary of State

## Current Principal Place of Business:

BG'S PARTY HOUSE  
1635 B N MONROE ST  
TALLAHASSEE, FL 32303

## New Principal Place of Business:

5151 QUAIL VALLEY RD  
TALLAHASSEE, FL 32309

## Current Mailing Address:

1635-B NORTH MONROE ST.  
TALLAHASSEE, FL 32303

## New Mailing Address:

5151 QUAIL VALLEY RD  
TALLAHASSEE, FL 32309

FEI Number: 59-2508361

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

A1A CORPORATE SERVICES INC.  
92 SADBERRY RD.  
QUINCY, FL 32351 US

## Name and Address of New Registered Agent:

MONTI, RJ  
743 RED FERN RD  
TALLAHASSEE, FL 32308 US

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.

SIGNATURE: RJ MONTI

01/08/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,D ( ) Delete  
Name: SHAW, MIMI  
Address: 5151 QUAIL VALLEY ROAD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP,D ( ) Delete  
Name: SHAW, PERRY  
Address: 5151 QUAIL VALLEY ROAD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: S ( ) Delete  
Name: DIXON, PATTY  
Address: 2764 OAK PARK DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MIMI SHAW

P,D

01/08/2006

Electronic Signature of Signing Officer or Director

Date