


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J06476</b> 1. Entity Name KRIEGER PUBLISHING COMPANY	
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Principal Place of Business 1725 KRIEGER DRIVE MALABAR, FL 32950	Mailing Address P. O BOX 9542 MELBOURNE, FL 32902-9542
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**DO NOT WRITE IN THIS SPACE**



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 62-1439208	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KRIEGER, ROBERT E  
 1725 KRIEGER DRIVE  
 MALABAR, FL 32950

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT KRIEGER, ROBERT E. 1725 KRIEGER DR MALABAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONALD KRIEGER 1725 KRIEGER DR MALABAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAXINE D. KRIEGER 1725 KRIEGER DR MALABAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT E. KRIEGER, JR. 1725 KRIEGER DR MALABAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS KRIEGER 1725 KRIEGER DR MALABAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000542248  
 05/10/06-80090-012 150.00

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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, with all other like empowered.

SIGNATURE: *Maxine D. Krieger* MAXINE D. KRIEGER 4/26/06 321-724-9542  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #