2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J72251

City-St-Zip:

POMPANO BEACH, FL

Entity Name: KARL CORPORATION

FILED Feb 22, 2008 Secretary of State

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Current Principal Place of Business:				New Principal Place	New Principal Place of Business:	
500 AUST	RAILIAN AVEN	IUE				
SUITE 710 WEST PA) LM BEACH, FL	. 33401	US			
Current M	lailing Addres	s:		New Mailing Addres	s:	
500 AUST	RAILIAN AVEN	IUE				
SUITE 710 WEST PA) LM BEACH, FL	33401	US			
	: 59-2813055		nber Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent R	egistered Agent:	Name and Address	of New Registered Agent:	
7777 GLAI SUITE 300	R, JAMES J P.A DES ROAD) TON, FL 33434					
	named entity s e of Florida.	submits th	nis statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:					
	Electron	ic Signat	ure of Registered Ag	ent	Date	
Election Car	mpaign Financing	g Trust Fur	nd Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () KAHLERT, HER 500 S. AUSTRA WEST PALM BI	LIAN AVE.		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete KAHLERT, HANS C 500 S. AUSTRALIAN AVE SUITE 710 WEST PALM BEACH, FL 33401			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Delete BENTZ, LEO 980 N FEDERAL HWY, #205 BOCA RATON, FL			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	TD () HINKLE, DARRY 2600 NE 14 ST		λΥ	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: HERBERT KAHLERT PD 02/22/2008