2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2005 08:00 AM Secretary of State

ANNUAL REPORT				1/141 D1, 2000 00.00			
1. Entity Name	MENT # K69131 N MACHINE, INC.				Se	cretary	of State
Principal Place 157 FLAMING %KENNETH K EDGEWATER,	kroeber _	Mailing Address P 0 B0X 1487 %KENNETH KROEBER EDGEWATER, FL 32141 US					
DO NOT WRITE IN THIS SPACE			CE	03282005 4. FEI Numb NOT AF	No Chg-P	CR2E034 (10)	Applied For Not Applicable Additional
	6. Name and Address of Current Re	gisterau Agent			 -		
KROEBER, KENNETH 157 FLAMINGO RD EDGEWATER, FL 32141			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_		·					
Signalure, typed or printed name of registered agent and the ill applicable (NOTE Registered A				d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				.00 May Be led to Fees	U0000 03/31/05	0282374 80008 <u></u> 016	150.M
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DI PD KROEBER, KENNETH E. 157 FLAMINGO ROAD EDGEWATER, FL ST KROEBER, KEITH J 81 MAYVIEW AVE CHESHIRE, CT 06410	TLUTONO			NOT W		
STREET ADDRESS CITY-ST-ZIP							

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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-05 386-426-0890 Date Daytime Prone #