


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90022 045 ***150.00

DOCUMENT # K93502	
1. Entity Name KLEINSTUB, INC.	

Principal Place of Business 607 NORTHBRIDGE DRIVE ALTAMONTE SPRINGS FL 32714 US	Mailing Address P.O. BOX 161505 ALTAMONTE SPRINGS FL 32716-1505 US
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2. Principal Place of Business 607 NORTHBRIDGE DR	3. Mailing Address PO BOX 161505
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State ALTAMONTE SPGS, FL	City & State ALTAMONTE SPGS
Zip 32714	Zip 32716-1505
Country USA	Country USA

4. FEI Number 59-2953974	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLEINSTUB, MARSHA 607 NORTHBRIDGE DR. ALTAMONTE SPRINGS FL 32714	
7. Name and Address of New Registered Agent Name MARSHA KLEINSTUB Street Address (P.O. Box Number is Not Acceptable) 607 NORTHBRIDGE DR City ALTAMONTE SPGS FL Zip Code 32714	

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 P	<input type="checkbox"/> Delete
NAME KLEINSTUB, MARSHA	
STREET ADDRESS 607 NORTHBRIDGE DRIVE	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	
TITLE B	<input type="checkbox"/> Delete
NAME KLEINSTUB, BERNARD	
STREET ADDRESS 607 NORTH BRIDGE DR	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	
TITLE B	<input type="checkbox"/> Delete
NAME BROOKS, DEBRA	
STREET ADDRESS 4623 W LEONA ST	
CITY-ST-ZIP TAMPA FL 33629	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Marsha Kleinstub - MARSHA KLEINSTUB 2/15/06 407-295-7700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #