2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L71091

FILED May 02, 2008 Secretary of State

Entity Name: KRIEGER AND KRIEGER PROFESSIONAL CONVERSATIONS SPECIALISTS, INC.

Current Principal Place of Business:					New Principal Place of Business:			
	ΓΗ 45TH WAY							
PBG, FL PALM BEA	CH GARDENS,	FL 33418	US					
Current Mailing Address:					New Mailing Address:			
3230 N 45T	H WAY					ΓΗ 45TH WA	(
PBG, FL PALM BEA	CH GARDENS,	, FL 33418 US			PBG, FL PALM BEACH GARDENS, FL 33418 US			
El Number:	65-0191595	FEI Number A	oplied For()	FEI Nun	nber Not Appli	icable ()	Certificate of Sta	atus Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
	RHONDA M.							
3230 N. 45 ⁻ PALM BEA	TH WAY CH GARDENS,	FL 33418	US					
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida.								
SIGNATUR	RE:							
Electronic Signature of Registered Agent							Date	
Election Cam	paign Financing 1	Trust Fund Con	tribution ().					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Γitle: Name:	DPT () D KRIEGER, RHON)elete			Title: Name:	()) Change()Additi	ion
vame. ∖ddress:	8230 N. 45TH WA				Address:			
City-St-Zip:	PALM BEACH GA	RDENS, FL 334	418 US		City-St-Zip:			
Γitle:	. ,)elete			Title:	()) Change () Additi	ion
√ame: √ddress:	KRIEGER, JOHAN 3489 ROSS LN	NNA M.,			Name: Address:			
City-St-Zip:	WEST PALM BEA	ACH, FL 33417	us		City-St-Zip:			
Γitle:	S ()D	Delete			Title:	()) Change () Additi	ion
Name:	RUSSELL, JANIC				Name:			
\ddress:	1091 PANACEA E				Address:			
City-St-Zip:	NORTH PORT, FL	L., FL 34289 US	•		City-St-Zip:			
Γitle:)elete –			Title:	· · · · · · · · · · · · · · · · · · ·) Change () Addit	ion
Name: Nddress:	KRIEGER, ALAN	1.,			Name: Address:	MITTENDORF,		
City-St-Zip:	3489 ROSS LN WEST PALM BEA	ACH, FL 33417	us		City-St-Zip:	5210 PRIME TI NORTH PORT,		
Γitle:		Delete			Title:	()) Change ()Additi	ion
Name:	KRIEGER, DANIE				Name:			
∖ddress: City-St-Zip:	4128 DALE ROAD WEST PALM BEA		US		Address: City-St-Zip:			

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.

SIGNATURE: RHONDA M.KRIEGER DPT 05/02/2008