

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L71091

FILED
Apr 26, 2009
Secretary of State

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

Current Principal Place of Business:

8230 NORTH 45TH WAY
PBG, FL
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

Current Mailing Address:

8230 NORTH 45TH WAY
PBG, FL
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

FEI Number: 65-0191595 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KRIEGER, RHONDA M.
8230 N. 45TH WAY
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: KRIEGER, RHONDA M.
Address: 8230 N. 45TH WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: V () Delete
Name: KRIEGER, JOHANNA M.
Address: 3489 ROSS LN
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: S () Delete
Name: RUSSELL, JANICE K.
Address: 1091 PANACEA BLVD., #203
City-St-Zip: NORTH PORT, FL., FL 34289 US

Title: M () Delete
Name: MITTENDORF, CHELSEA L.
Address: 5210 PRIME TER
City-St-Zip: NORTH PORT, FL 34286

Title: C () Delete
Name: KRIEGER, DANIEL G.
Address: 4128 DALE ROAD
City-St-Zip: WEST PALM BEACH, FL 33406 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: RUSSELL, JANICE K.
Address: 5210 PRIME TERRACE
City-St-Zip: NORTH PORT, FL., FL 34286 US

Title: MGRM (X) Change () Addition
Name: MITTENDORF, CHELSEA L.
Address: 320 SHRAMROCK BLVD.
City-St-Zip: VENICE, FL 34293

Title: C (X) Change () Addition
Name: RUSSELL, NATHANIEL
Address: 5210 PRIME TERRACE
City-St-Zip: NORTH PORT, FL 34286 US

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 MS/HS,MSW,RCSWI2438

DPT

04/26/2009

Electronic Signature of Signing Officer or Director

_____ Date