2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L71091

FILED Apr 10, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

8230 NORTH 45TH WAY 8230 NORTH 45TH WAY, NORTH

PBG, FL PBG, FL

PALM BEACH GARDENS, FL 33418 US PALM BEACH GARDENS, FL 33418 US

Current Mailing Address: New Mailing Address:

8230 NORTH 45TH WAY 8230 NORTH 45TH WAY, NORTH

PBG, FL PBG, FL

PALM BEACH GARDENS, FL 33418 US PALM BEACH GARDENS, FL 33418 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KRIEGER, RHONDA M.

8230 N. 45TH WAY

KRIEGER, RHONDA M.

8230 N. 45TH WAY. NORTH

PALM BEACH GARDENS, FL 33418 US PALM BEACH GARDENS, FL 33418 US

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: 04/10/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPT

Name: KRIEGER, RHONDA M. Address: 8230 N. 45TH WAY

City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: V

Name: KRIEGER, JOHANNA M.

Address: 3489 ROSS LN

City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: S

Name: RUSSELL, JANICE K. Address: 5210 PRIME TERRACE

City-St-Zip: NORTH PORT, FL., FL 34286 US

Title: MGRM

Title:

Name: MITTENDORF,CHELSEA L. Address: 320 SHRAMROCK BLVD. City-St-Zip: VENICE,, FL 34293

Name: RUSSELL, NATHANIEL
Address: 5210 PRIME TERRACE
City-St-Zip: NORTH PORT, FL 34286 US

Title: MGRM

Name: KRIEGER, DANIEL G Address: 4128 DALE ROAD

City-St-Zip: WEST PALM BEACH,, FL 33406

I hereby 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 all other like empowered.

SIGNATURE: RHONDA MARIE KRIEGER DPT 04/10/2011