ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # M82316

1. Entity Name
KILLINKERE, INC.

Principal Place of Business	Mailing Address
253 MIRACLE MILE CORAL GABLES, FL 33134	253 MIRACLE MILE CORAL GABLES, FL 33134

04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0055254
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LYNCH, MARTIN
8190 SW 107 ST
MIAMI, FL 33145

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLARKE, JOHN
STREET ADDRESS	12045 SW 77 TERRACE
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	STD
NAME	LYNCH, MARTIN
STREET ADDRESS	8190 S.W. 107 ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	STAFFORD, RAYMOND
STREET ADDRESS	8190 S.W. 107 ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000756690
05/23/07-80040-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4/30/07 305 2445377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARTIN LYNCH