

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008910

Entity Name: KOMBIT C.R.E.O.L.E. INC.

FILED
Mar 21, 2006
Secretary of State

Current Principal Place of Business:

2624 SHARPSBURG CT
MIDDLEBURG, FL 32068

New Principal Place of Business:

1815 CREEKWOOD LN
ORANGE PARK, FL 32003

Current Mailing Address:

2624 SHARPSBURG CT
MIDDLEBURG, FL 32068

New Mailing Address:

1815 CREEKWOOD LN
ORANGE PARK, FL 32003

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNWINE, DOROTHY S
2624 SHARPSBURG CT
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

ARNWINE, DOROTHY S
1815 CREEKWOOD LN
ORANGE PARK, FL 32003 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:

03/21/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: ARNWINE, DOROTHY S
Address: 2624 SHARPSBURG CT
City-St-Zip: MIDDLEBURG, FL 32068

Title: V () Delete
Name: ARNWINE, ED. D., PATRICK O DR.
Address: 2624 SHARPSBURG CT
City-St-Zip: MIDDLEBURG, FL 32068

Title: V () Delete
Name: ST. JUSTE, SHIRLEY
Address: 534 CODY CT
City-St-Zip: ORANGE PARK, FL 32078

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP (X) Change () Addition
Name: ARNWINE, DOROTHY S
Address: 1815 CREEKWOOD LN
City-St-Zip: ORANGE PARK, FL 32003

Title: V (X) Change () Addition
Name: ARNWINE, ED. D., PATRICK O DR.
Address: 1815 CREEKWOOD LN
City-St-Zip: ORANGE PARK, FL 32003

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY S. ARNWINE

CEOP

03/21/2006

Electronic Signature of Signing Officer or Director

Date