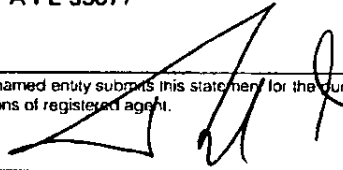
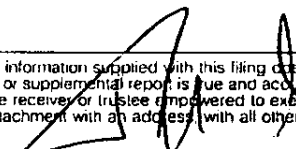


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

5/1

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-11-2006 90234 025 ****61.25

DOCUMENT # N05000011768 1. Entity Name KREWES KARE, INCORPORATED					
Principal Place of Business P. O. BOX 4047 TAMPA FL 33677			Mailing Address P. O. BOX 4047 TAMPA FL 33677		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		66019227 	
4. FEI Number 20-3868654				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent CONTE, RANDY S 2406 THRACE STREET TAMPA FL 33677			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 4/28/06 (Signature typed or printed name of registered agent and filed if applicable) (NOTE: Registered Agent signature required when reappointing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PAINTON, YVONNE P. O. BOX 6800 SEFFNER FL 33583	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FERGUSON, CAROL 3312 HARBOR VIEW TAMPA FL 33611	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CONTE, RANDY S P. O. BOX 4047 TAMPA FL 33677	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BARFIELD, LYNN 7865 CAUSWAY BLVD. NORTH ST. PETERSBURG FL 33707	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:  DAYLINE PHONE #					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYLINE PHONE #					