2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT				May	FILED May 29, 2008 8:00 am Secretary of State		
DOCUMENT # N06000007352 1. Entity Name K PRITCHARD PRODUCTIONS, INC.					29-2008 90194 020 **		
Principal Place of Business 255 GOOLSBY BLVD DEERFIELD BEACH, FL 33442		Mailing Address 255 GOOLSBY BLVD DEERFIELD BEACH, FL 33442				12) Anis IIIII - 1 Jest	
2. Principal F	face of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-NP CR2E037 (1	12/06)	
City & State		City & State		4. FEI Number 65-1283692		Applied For	
Zip	Country	Zip	Country	5. Certificate of Statu		75 Additional Required	
6. Name and Address of Current Registered Agent PRITCHARD, KAREN 255 GOOLSBY BLVD				T. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)			
DEERFIELD BEACH, FL 33442 8. The above named entity submits this statement for the purpose of c			City		FL (Zip Code	
	Signature, typed or printed name of registered agen Filing Fee is \$61.25 ue by September 12, 2008	9. Election Car Trust Fund (\$5.00 May Be Added to Fees	DATE Make check pa Florida Departme	nt of State	
10. TITLE NAME STREET ADDRESS CITY-ST-ZP	OFFICERS AND DI D PRITCHARD. KAREN 255 GOOLSBY BLVD DEERFIELD BEACH. FL 33442	Delete	11. TITLE P. STREET ADDRESS CITY-ST-ZIP			TORS IN 10 Change Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	D DEGENHARD. JULIA A 147 DEER CREEK BOVD - # 40 DEERFIELD BEACH, FL 33442		TITLE S/ NAME STREET ADDRESS CITY-ST-ZIP	D 	O	Change 🖸 Áddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREA. FLORENCE M 2765 GRIFFIN RD - # 3 DANIA BEACH. FL 33312	Delete	TITLE V NAME STREET ADORESS CITY-ST-ZIP	/T/D		Change 🗹 Addition	
TITLE NAME Street address City-st-zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change 🔲 Addition	
TITLE NAME STREET ADDRESS C/TY-ST-ZIP		Detate	TITLE NAME STREET ADDRESS CITY-ST-ZP		0	Change 🗖 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Dekte	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ċ	Change 🔲 Addition	
12. I hereby a indicated of the con changed SIGNAT	certify that the information supplied with on this report or supplemental report poration or the receiver or trustee emp or on an attact the supplemental rest.	h this fitting does not qualify for true and accurate and that r wered to execute this report with all other tike hypowered	r the exemptions contain ny signature shall have as required by Chapter	ned in Chapter 119, Floride the same legal effect as if m 617, Florida Statutes; and Compared to the statutes of the state	a Statutes. I further certify the hade under oath; that I am a hat my name appears in Bic 914.	At the information n officer or director sck 10 or Block 11 if 426-3124;	
5.51741	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		ta Dayom	Phone #	