

2005 CORPORATION ANNUAL REPORT

DOCUMENT# N07000009104

FILED
Feb 24, 2005
Secretary of State**Entity Name:** KRITTER KASTLE, INC.**Current Principal Place of Business:**6336 TIMBERLANE RD
LAKE WALES, FL 33898**New Principal Place of Business:****Current Mailing Address:**6336 TIMBERLANE RD
LAKE WALES, FL 33898**New Mailing Address:****FEI Number:** 55-0787085**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KLEIN, CYNTHIA J
6336 TIMBERLANE RD
LAKE WALES, FL 33898 US**Name and Address of New Registered Agent:**

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:_____
Electronic Signature of Registered Agent_____
Date**Election Campaign Financing Trust Fund Contribution ().****OFFICERS AND DIRECTORS:****Title:** DPT () Delete
Name: KLEIN, CYNTHIA J
Address: 6336 TIMBERLANE RD
City-St-Zip: LAKE WALES, FL 33898**Title:** DS () Delete
Name: CARLON, SALLY A
Address: 340 SHEIRK LN SW
City-St-Zip: ALBUQUERQUE, NM 87105**Title:** D () Delete
Name: COLLINS, TERESA
Address: 6340 TIMBERLANE RD.
City-St-Zip: LAKE WALES, FL 33898**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DS (X) Change () Addition
Name: CARLON, SALLY A
Address: 340 SHIRK LN SW
City-St-Zip: ALBUQUERQUE, NM 87105**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 Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA J. KLEIN

DPT

02/24/2005

Electronic Signature of Signing Officer or Director_____
Date