2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000107995

Entity Name: KAREN HOLDEN, INC.

FILED Feb 01, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

181 OAK COMMON AVENUE 308 MONTEREY VILLA COURT SAINT AUGUSTINE, FL 32095 SAINT AUGUSTINE, FL 32095

Current Mailing Address: New Mailing Address:

181 OAK COMMON AVENUE 308 MONTEREY VILLA COURT SAINT AUGUSTINE, FL 32095 SAINT AUGUSTINE, FL 32095

FEI Number: 59-1111240 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOLDEN, KAREN

181 OAK COMMON AVENUE

SAINT AUGUSTINE, FL 32095

US

HOLDEN, KAREN

308 MONTEREY VILLA COURT

SAINT AUGUSTINE, FL 32095

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: 02/01/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST () Delete Title: DPST (X) Change () Addition

 Name:
 HOLDEN, KAREN
 Name:
 HOLDEN, KAREN

 Address:
 181 OAK COMMON AVENUE
 Address:
 308 MONTEREY VILLA COURT

 City-St-Zip:
 SAINT AUGUSTINE, FL 32095
 City-St-Zip:
 SAINT AUGUSTINE, FL 32095

Title: DPST () Delete Title: DPST (X) Change () Addition

Name: ORR, BRUCE N Name: ORR, BRUCE N

Address: 181 OAK COMMON AVENUE Address: 308 MONTEREY VILLA COURT City-St-Zip: SAINT AUGUSTINE, FL 32095 City-St-Zip: SAINT AUGUSTINE, FL 32095

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: BRUCE N. ORR DPST 02/01/2005