

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000002040

Entity Name: KLYPURZ, INC.

FILED
May 10, 2006
Secretary of State

Current Principal Place of Business:

38559 US 19 N
PALM HARBOR, FL 34684

New Principal Place of Business:

2009 ARCADIA ROAD
HOLIDAY, FL 34690

Current Mailing Address:

5621 MIRANDA DR
HOLIDAY, FL 34690

New Mailing Address:

2009 ARCADIA ROAD
HOLIDAY, FL 34690

FEI Number: 59-3690386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOGAN, BELINDA A
5621 MIRANDA DR
HOLIDAY, FL 34690 US

Name and Address of New Registered Agent:

HOGAN, BELINDA A
2009 ARCADIA ROAD
HOLIDAY, FL 34690 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:

05/10/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOGAN, BELINDA
Address: 5621 MIRADA DR.
City-St-Zip: HOLIDAY, FL 34690

Title: VD () Delete
Name: COX, ROBERT E
Address: 1204 CLAIRE DR.
City-St-Zip: CLEARWATER, FL 33755

Title: TD () Delete
Name: CRAWFORD, ROBERT M
Address: P.O. BOX 104
City-St-Zip: BABSON PARK, FL 33827

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOGAN, BELINDA
Address: 2009 ARCADIA ROAD
City-St-Zip: HOLIDAY, FL 34690

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

Title: TD (X) Change () Addition
Name: CRAWFORD, ROBERT M
Address: 94 COTTAGEWOOD DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BELINDA HOGAN

PRES

05/10/2006

Electronic Signature of Signing Officer or Director

Date