2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 11, 2005 08:00 AM **Secretary of State DOCUMENT # P01000116365** 1. Entity Name KLEIN & KLEIN, P.A. Principal Place of Business Mailing Address 333 NW 3 VE 333 NW 3 VE OCALA, FL 34475 OCALA, FL 34475 No Chg-P CR2E034 (10/03) 02022005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 31-1816654 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KLEIN, H RANDOLPH 333 NW 3 VE OCALA, FL 34475 IN THIS SPACE CHARLES TO BE A STATE OF THE ST 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PST TITLE The growing of the state of the KLEIN, H. RANDOLPH NAME 333 NW 3 AVE STREET ADDRESS Unnnnn225186 OCALA, FL 34475 CITY-ST-ZIP つって Maria ン へ を 22/11/05-80031-004 150.00 TITLE NAME STREET ADDRESS ammunitations migrafia in . CRY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP Maria Salaman Tomas (1981) TITLE HAME 2000年中華中国中國共產黨(1900年) STREET ADDRESS CITY-ST-ZIP 公鄉的新聞的人類的人類的 多克尔 医动脉管 一門上口 TITLE of the fig. of the contract of the first NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify 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 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 of powered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach deal with any address, with all other like empowered.

GNING OFFICER OR DIRECTOR

SIGNATURE:

FILED