

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000053895</b>		
1. Entity Name <b>KARSEN SERVICES, INC.</b>		
Principal Place of Business <b>6239 NELMS RD WEST LAKELAND, FL 33811</b>		Mailing Address <b>6239 NELMS RD WEST LAKELAND, FL 33811</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		
05122006 No Chg-P CR2E034 (11/05)		
4. FEI Number <b>45-0477315</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>ELLIS, RONALD J JR. 6239 NELMS RD WEST LAKELAND, FL 33811</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ELLIS, RONALD J JR. 6239 NELMS RD WEST LAKELAND, FL 33811	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ELLIS, KIMBERLY T 6239 NELMS RD WEST LAKELAND, FL 33811	
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<b>DO NOT WRITE IN THIS SPACE</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		4-1-06 863 687 6154 Date Daytime Phone #