2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 31, 2006 08:00 AM DOCUMENT # P02000099147 **Secretary of State** 1. Entity Name KLEIN UND GROSS INC. Principal Place of Business Mailing Address 5352 LEVI LANE SARASOTA FL 34233 5352 LEVI LANE SARASOTA FL 34233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 50-0006120 Not Applicat Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CRAGO, KENNETH C Street Address (P.O. Box Number is Not Acceptable) 5352 LÉVI LANE SARASOTA FL 34233 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and lifts if explicable (NOTE: Registered Agent signature required when texistating) DATE FILE NOW!! FEE IS \$150.00 After May t, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May : Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 tt. Change Accom IIILE Delete THLE 000000487261 NAME CRAGO, KENNETH C NAME 04/13/06-80072-004 150.00 STREET ADDRESS 5352 LEVI LANE STREET ADDRESS CITY-ST-ZIP CSTY-ST-7IP SARASOTA FL 34233 TITLE Delete TITLE ☐ Change □ A# MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ETTY-ST-ZIP TILE ☐ Detete THEE Change □ Add NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Defete ☐ Change \square est RILE TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-71P CHY-SI-ZIP ME ☐ Delete πτιε ☐ Change $\square \wedge$ NAME NAME STREET ADDRESS STREET ADURESS CHY-ST-ZIP CITY - ST - ZIP nne Delete TITLE Change □ v-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-782 CUTY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 directly 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 if changed, or on an altachment with an address; with all other like empowered.

President

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

FILED

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