

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109342

Entity Name: KIRAL PROPERTIES, INC.

FILED
May 02, 2007
Secretary of State

Current Principal Place of Business:

POST OFFICE BOX 3437
ST. PETERSBURG, FL 337313437

New Principal Place of Business:

455 11TH AVENUE N.E.
ST. PETERSBURG, FL 33701

Current Mailing Address:

POST OFFICE BOX 3437
ST. PETERSBURG, FL 337313437

New Mailing Address:

FEI Number: 02-0676174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAWA, SCOTT R
200 MERES BLVD
22
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KIRAL, MICHAEL
Address: PO BOX 3237
City-St-Zip: SAINT PETERSBURG, FL 33731

Title: P () Delete
Name: KIRAL, WENDY
Address: PO BOX 3437
City-St-Zip: SAINT PETERSBURG, FL 33731

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: WENDY KIRAL

P

05/02/2007

Electronic Signature of Signing Officer or Director

Date