


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90053 022 \*\*\*150.00

<b>DOCUMENT # P02000120533</b>	
1. Entity Name <b>KLIM INC.</b>	

Principal Place of Business <b>800 CLAUGHTON ISLAND, #2504 MIAMI FL 33131</b>	Mailing Address <b>800 CLAUGHTON ISLAND, #2504 MIAMI FL 33131</b>
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2. Principal Place of Business <b>328 N OCEAN BLVD</b> Suite, Apt. #, etc.	3. Mailing Address <b>328 N OCEAN BLVD</b> Suite, Apt. #, etc.
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City & State <b>DELRAY BEACH, FL</b>	City & State <b>DELRAY BEACH, FL</b>
Zip <b>33483</b>	Country <b>USA</b>

	
MOORE	CR2E034 (11/03)
4. FEI Number <b>74-3068876</b>	Applied For <input type="checkbox"/> 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>CUTLER, MICHELLE 800 CLAUGHTON ISLAND, #2504 MIAMI FL 33131</b>	
7. Name and Address of New Registered Agent Name <b>CUTLER, MICHELLE</b> Street Address (P.O. Box Number is Not Acceptable) <b>328 N OCEAN BLVD</b> City <b>DELRAY BEACH</b> <b>FL</b> Zip Code <b>33483</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, the registered agent.

SIGNATURE *Michelle Cutler* **MICHELLE CUTLER, PRESIDENT** 4/17/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>P-PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CUTLER, MICHELLE</b>		NAME <b>CUTLER, MICHELLE</b>	
STREET ADDRESS <b>800 CLAUGHTON ISLAND, #2504</b>		STREET ADDRESS <b>328 N OCEAN BLVD</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>		CITY-ST-ZIP <b>DELRAY BEACH, FL 33483</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>C-CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CUTLER, GLEN</b>		NAME <b>CUTLER, GLEN</b>	
STREET ADDRESS <b>800 CLAUGHTON ISLAND, #2504</b>		STREET ADDRESS <b>328 N OCEAN BLVD</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>		CITY-ST-ZIP <b>DELRAY BEACH, FL 33483</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 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: *Michelle Cutler* **MICHELLE CUTLER** 4/17/04 561-243-6003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #