


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90030 012 ***150.00

DOCUMENT # P02000131122

1. Entity Name
KLAUS FINE JEWELRY, INC.



Principal Place of Business 2441 NW 43RD STREET 2A GAINESVILLE FL 32606	Mailing Address 2441 NW 43RD STREET 2A GAINESVILLE FL 32606
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 02-0655906	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KLAUS FINE JEWELRY, INC. 2441 N.W. 43RD ST. SUITE 2-A GAINESVILLE FL 32-606x		7. Name and Address of New Registered Agent Name KLAUS FINE JEWELRY Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and state, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete NAME BALDUZZI, STARLA STREET ADDRESS 14101 NW 15 LANE CITY-ST-ZIP GAINESVILLE FL 32606	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	<input type="checkbox"/> Delete NAME MULRENNAN, REBECCA STREET ADDRESS 6618 NW 53RD TERRACE CITY-ST-ZIP GAINESVILLE FL 32653	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST	<input type="checkbox"/> Delete NAME KLAUS, ALFREDO G JR STREET ADDRESS 14005 NW 15 LANE CITY-ST-ZIP GAINESVILLE FL 32606	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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: Starla K. Balduzzi April 29, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #