

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90014 016 ***150.00

DOCUMENT # P03000014680 1. Entity Name KRYSTAL UNIVERSAL TECHNOLOGIES, INC.			
Principal Place of Business 10179 64 STREET NORTH PINELLAS PARK, FL 33782		Mailing Address 10179 64 STREET NORTH PINELLAS PARK, FL 33782	
2. Principal Place of Business 10179 64th St No Suite, Apt. #, etc.		3. Mailing Address 10179 64th St No Suite, Apt. #, etc.	
City & State Pinellas Park, FL		City & State Pinellas Park, FL	
Zip 33782		Zip 33782	
Country Pinellas		Country Pinellas	
4. FEI Number 710932294		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CREASY, ANGELA 10179 64 STREET NORTH PINELLAS PARK, FL 33782		7. Name and Address of New Registered Agent Name Angela Creasy Street Address (P.O. Box Number is Not Acceptable) 10179 64th St No City Pinellas Park FL Zip Code 33782	
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 Angela Creasy DATE 7/21/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREASY, ANGELA 10179 64 STREET NORTH PINELLAS PARK, FL 33782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, EDUARDO 10179 64 STREET NORTH PINELLAS PARK, FL 33782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Angela Creasy		Date 7/20/04 Daytime Phone 727 517 4064	