2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 19, 2006 08:00 AN Secretary of State

DOCUMENT # P03000073039 1. Entity Name KRASNO MANAGEMENT, INC.					Sec	cretary or Su
Principal Place of Business Mailing Address 6468 ALAN BLVD. 6468 ALAN BLVD. PUNTA GORDA, FL 33982 US PUNTA GORDA, FL 33982			US		:	JAFAN IIIU DOIDE IIIU JAKSON 3 IRAI
DO NOT WRITE IN THIS SPA			CE	07172006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional		
	6. Name and Address of Current R	egistered Agent]			Fee Required
6468 ALAI PUNTA GO	ORDA, FL 33982	DO NOT WRITE IN THIS SPACE				
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						
	Signature, typed or printed name of registered agent an	ed Agent signature requir	ure required when reinstating) DATE			
FILE NOWIII FEE IS \$150,00 Due by September 6, 2006 9. Election Campaign Fina Trust Fund Contribution.			noing \$	5.00 May Be ded to Fees	In accordance with s corporation did not re	. 607.193(2)(b), F.S., the eceive the prior notice.
10.	OFFICERS AND D	IRECTORS				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	P KRASNODEMSKI, EDWARD JR. 6468 ALAN BLVD. PUNTA GORDA, FL 33982			U00000571109 07/19/06-80002-005 150.00		
TITLE NAME STREET ADDRESS CITY-SI-ZIP					vii 101 00 00	COL 000 100100
name Street address City-St-Zip				DO	NOT WRI	TE

IN THIS SPACE

12. I hereby certify that the information supplied with this faling does not qualify for the exemptions contained 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 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 address, with all other like empowered.

SIGNATURE:

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CONTROL ADDRESS
CITY-ST-ZIP

MUNICAL HANNEY, INTURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR

ENWARD KRASNODENSIGJE.

941-639-1524

Daytime Phone ∉