


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90012 033 \*\*\*150.00

<b>DOCUMENT # P03000081161</b>	
1. Entity Name <b>KRL, INC.</b>	

Principal Place of Business <b>7301 NW 4TH ST., #107 PLANTATION, FL 33317</b>	Mailing Address <b>7301 NW 4TH ST., #107 PLANTATION, FL 33317</b>
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**66430366**



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07062004 Chg-P CR2E034 (10/03)

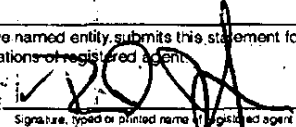
City & State	City & State
Zip	Country
Zip	Country

4. FEI Number <b>68-0561786</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>LOUIS, RUSSEL 7301 NW 4TH ST., #107 PLANTATION, FL 33317</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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: **7/16/04**

(NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>D LOUIS, RUSSEL</b>
STREET ADDRESS	<b>7388 SW 9TH CT.</b>
CITY-ST-ZIP	<b>PLANTATION, FL 33317</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>D LOUIS, KEITH</b>
STREET ADDRESS	<b>700 SANDLEWOOD LANE</b>
CITY-ST-ZIP	<b>PLANTATION, FL 33317</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:  DATE: **7/16/04** DAYTIME PHONE: **954-583-4011**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR