2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000136189 1. Entity Name STEPHEN KRAUSE, INC.					Secretary of State	
STEPHEN	N KHAUSE, INC.					
Principal Place of Business		Mailing Address	Mailing Address			
7264 SWALLOW RUN WINTER PARK FL 32792		7264 SWALLOW RUN WINTER PARK FL 32792				
2. Principal Place of Business		3. Mailing Address			T I INNER PROPERTY OF THE PROP	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/05)	
City & State		City & State			4. FEI Number 14-1900500 Applied For Not Applied	
Zip	Country Z _i p		Countr	у	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New Registered Agent	
KRAUSE, STEPHEN				Name		
7264 SWALLOW RUN WINTER PARK FL 32792			}	Street Address ((P.O. Box Number is Not Acceptable)	
			}_	City	FL Zip Code	
After	Signature, typed of prictical name of registered age. FILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550. K. Payable to Florida Department	00	KOTE Registered.	Agent signature required	CATE B. Election Campaign Financing \$5.00 May I Trust Fund Contribution.	
10.	OFFICERS AN	ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
HTLE NAME	RRAUSE, STEPHEN	☐ Oelete	TITLE NAME		☐ Change ☐ A4655 UDDDD0437068	
STREET ADDRESS CITY-ST-ZIP	PRESS 7264 SWALLOW RUN		STREET CITY-S	T ADDRESS ST-ZIP	02/28706-80027-003 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-27P	☐ Change ☐ Aut.tili	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THU,C NAME STREET CITY-S	F ADDRESS	☐ Change ☐ Add**	
TITLE NAME STREET ADDRESS GTY-ST-ZIP		☐ Delete	TITLE NAME STRECT CITY-5	T ADDRESS ST-ZIP	☐ Change ☐ Adding	
TITLE NAMC STREET ADDRESS CHY-ST-ZIP		☐ Deleto	TITLE NAME STREET CITY-S	T ADDRESS	☐ Change ☐ Albin	
TITLE NAME STREET ADDRESS GTY-ST-ZIP		☐ Delete	TITLE NAME	T ADDRESS	Change Aid	

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 cath, that I am an officer or direction 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:

for G. Kegine

02/03/06 (407/678-362

.

FILED Feb 16, 2006 08:00 AM