2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 26, 2007 08:00 All Secretary of State DOCUMENT # P03000136189 1. Entity Name STEPHEN KRAUSE, INC. Principal Place of Businoss Mailing Address 7264 SWALLOW RUN 7264 SWALLOW RUN WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 14-1900500 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo KRAUSE, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 7264 SWALLOW RUN WINTER PARK FL 32792 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 and little if applicable (NOTE: Registered Agont signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 1000 INTE ☐ Change Addition Delete KRAUSE, STEPHEN NAMI NAM 7264 SWALLOW RUN STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 CHY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS U00000646821 CHY-S1-7P CITY ST-7IP Delete THUE Change Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-SI-7P IIIII, ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-ZIP IIIIF Delete ☐ Change Addition NAME STREET ADDRESS STREET AODRESS CITY-S1-7IP CHY-S1-ZIP ☐ Delete IIIII. Change Addition ши NAMI NAME STREET ADDRESS STREET ADDRESS CJIY-SI-ZIP CITY-ST-ZIP 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 hall 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 addross, with all other like empowered

SIGNATURE: Status Stephen Gr. Krause Feb. d. 3 4007 (407) 759-7852