

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153082

Entity Name: KEVIN PAULSEN INC.

FILED  
May 09, 2005  
Secretary of State

## Current Principal Place of Business:

667 SW BACON TERRACE  
PORT ST LUCIE, FL 34953 US

## New Principal Place of Business:

## Current Mailing Address:

667 SW BACON TERRACE  
PORT ST LUCIE, FL 34953 US

## New Mailing Address:

FEI Number: 20-0497827

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAULSEN, SANDRA  
667 SW BACON TERRACE  
PORT ST LUCIE, FL 34953 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PAULSEN, KEVIN  
Address: 667 SW BACON TERRACE  
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: VP ( ) Delete  
Name: PAULSEN, SANDRA  
Address: 667 SW BACON TERRACE  
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: SEC ( ) Delete  
Name: PAULSEN, SANDRA  
Address: 667 SW BACON TERRACE  
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: T ( ) Delete  
Name: PAULSEN, TARA  
Address: 667 SW BACON TERRACE  
City-St-Zip: PORT ST LUCIE, FL 34953 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA PAULSEN

VP

05/09/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date