


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90070 011 ***150.00

DOCUMENT # P04000000276	
1. Entity Name SCHIFFERLI KRIANGSAK YOUNG & ASSOCIATES COMPANY	

Principal Place of Business 2500 AIRPORT RD., SOUTH STE. 208 NAPLES, FL 34112 US	Mailing Address P.O. BOX 1477 BONITA SPRINGS, FL 34133-1477 US
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04022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2430566	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent YOUNG, DAVID F 2500 AIRPORT RD., SOUTH STE. 208 NAPLES, FL 34112
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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.

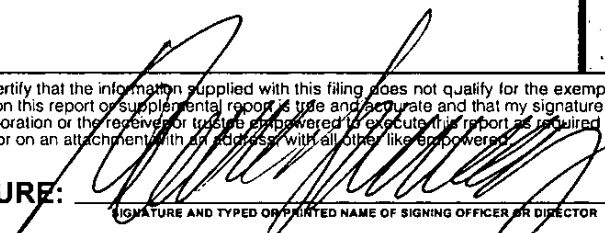
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST YOUNG, DAVID F P.O BOX 2007 1477 BONITA SPRINGS, FL 34133 2007 1477
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JORDANKA G. RADEVA PO BOX 1477 BONITA SPRINGS, FL 34133 1477
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 an address with all other like empowered.

SIGNATURE:  02 April 08 213-0077 (239)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #