2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000039839

KEMPF, KAROL P

CORAL SPRINGS, FL 33065

3816 NW 72 DR.

Name: Address:

City-St-Zip:

FILED Jan 11, 2007 Secretary of State

Entity Name: KARING KONSULTANTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 2269 S. UNIVERSITY DRIVE #238 DAVIE, FL 33324 **Current Mailing Address: New Mailing Address:** 2269 S. UNIVERSITY DRIVE #238 DAVIE, FL 33324 FEI Number: 20-0882407 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOLTZMAN, KATHRYN REED, RANDY CPA 1029 CORDOVA ROAD 6751 N FEDERAL HWY FT LAUDERDALE, FL 33316 US 201 BOCA RATON, FL 33487 US 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: RANDY REED 01/11/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PARKES, KATHLEEN T Name: Name: 7401 NW 16 ST. Address: Address: City-St-Zip: PLANTATION, FL 33313 City-St-Zip: Title: Title: () Delete () Change () Addition PARKES, WILLIAM E JR. Name: Name: 7401 NW 16 ST. Address: Address: PLANTATION, FL 33313 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition JOHNSON, KAREN P Name: Name: 5 BEVERLY HILLS DRIVE Address: Address: City-St-Zip: JACKSON, TN 38305 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: KATHLEEN T PARKES 01/11/2007