

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000039839

Entity Name: KARING KONSULTANTS, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

2269 S. UNIVERSITY DRIVE
238
DAVIE, FL 33324

Current Mailing Address:

2269 S. UNIVERSITY DRIVE
238
DAVIE, FL 33324

New Principal Place of Business:

43 S POMPANO PARKWAY
272
POMPANO BEACH, FL 33069

New Mailing Address:

43 S POMPANO PARKWAY
272
POMPANO BEACH, FL 33069

FEI Number: 20-0882407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REED, RANDY CPA
6751 N FEDERAL HWY
201
BOCA RATON, FL 33487 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PARKES, KATHLEEN T
Address: 7401 NW 16 ST.
City-St-Zip: PLANTATION, FL 33313

Title: V () Delete
Name: PARKES, WILLIAM E JR.
Address: 7401 NW 16 ST.
City-St-Zip: PLANTATION, FL 33313

Title: T () Delete
Name: JOHNSON, KAREN P
Address: 5 BEVERLY HILLS DRIVE
City-St-Zip: JACKSON, TN 38305

Title: S () Delete
Name: KEMPF, KAROL P
Address: 3816 NW 72 DR.
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PARKES, KATHLEEN T
Address: 2206 S CYPRESS BEND DRIVE
City-St-Zip: POMPANO BEACH, FL 33069

Title: V (X) Change () Addition
Name: PARKES, WILLIAM E JR.
Address: 2206 S CYPRESS BEND DRIVE
City-St-Zip: POMPANO BEACH, FL 33069

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 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.

SIGNATURE: KATHLEEN T PARKES

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date