

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90287 005 ***150.00

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03282006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000074482 1. Entity Name KRAUSE GULF SHRIMP, INC.					
Principal Place of Business 7451 KILBRIDE CT BROOKSVILLE, FL 34613			Mailing Address PO BOX 3145 SPRING HILL, FL 34611		
2. Principal Place of Business 14345 STARCROSS ST.		3. Mailing Address Suite, Apt. #, etc.			
City & State BROOKSVILLE, FL		City & State Suite, Apt. #, etc.		4. FEI Number 20-1098302	
Zip 34613		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRAUSE, KENNETH 7451 KILBRIDE CT BROOKSVILLE, FL 34613			7. Name and Address of New Registered Agent Name KRAUSE, KENNETH Street Address (P.O. Box Number is Not Acceptable) 14345 STARCROSS ST. City BROOKSVILLE FL Zip Code 34613		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUSE, KENNETH 7451 KILBRIDE CT BROOKSVILLE, FL 34613 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUSE, KENNETH 14345 STARCROSS ST. BROOKSVILLE, FL 34613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUSE, KIMBERLY A 7451 KILBRIDE CT BROOKSVILLE, FL 34613 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUSE, KIMBERLY A 14345 STARCROSS ST. BROOKSVILLE, FL 34613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: KENNETH J. KRAUSE 3-28-06 (352) 442-2977 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					