2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90089 004 ***150.00

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1. Entity Name
KRISTIN FOX, INC.

Principal Place of Business	Mailing Address
193 ROBINHOOD CIR #201 NAPLES, FL 34104	4001 SANTA BARBARA BLVD #352 NAPLES, FL 34104

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12153 Country Day Circle	12153 Country Day Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Myers FL	City & State: Ft Myers FL
Zip: 33913 / Country: USA	Zip: 33913 / Country: USA

04252007 Chg-P CR2E034 (12/06)

4. FEI Number: 20-1463936 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOX, KRISTIN L 193 ROBINHOOD CIR #201 NAPLES, FL 34104	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PS FOX, KRISTIN L 193 ROBINHOOD CIR #201 NAPLES, FL 34104 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 12153 Country Day Circle Ft Myers FL 33913
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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: _____ 4/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #