

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90375 045 \*\*\*150.00

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03012006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P04000161095</b> 1. Entity Name <b>KAREN WATERS, INC.</b>					
Principal Place of Business <b>2500 N FEDERAL HWY - # 300 FT LAUDERDALE, FL 33305</b>			Mailing Address <b>2500 N FEDERAL HWY - # 300 FT LAUDERDALE, FL 33305</b>		
2. Principal Place of Business <b>5507 No. Military Trail</b>		3. Mailing Address <b>5507 No. Military Trail</b>			
Suite, Apt. #, etc. <b>#409</b>		Suite, Apt. #, etc. <b>#409</b>			
City & State <b>Boca Raton, Florida</b>		City & State <b>Boca Raton, Florida</b>		4. FEI Number <b>20-1931906</b>	
Zip <b>33496</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BLOCK, E. GERALD 2500 N FEDERAL HWY - # 300 FT LAUDERDALE, FL 33305</b>			7. Name and Address of New Registered Agent Name <b>Karen Waters</b> Street Address (P.O. Box Number is Not Acceptable) <b>5507 No. Military Trail, #409</b> City <b>Boca Raton, FL</b> Zip Code <b>33496</b>		
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: <u><i>Karen Waters</i></u> DATE: <u>3/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT WATERS, KAREN 2500 N FEDERAL HWY - # 300 FT LAUDERDALE, FL 33305		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Karen Waters 5507 No. Military Trail, #409 Boca Raton, Florida 33496	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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	
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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	
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: <u><i>Karen Waters</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3/27/06</u> 561-504-1261 <small>Daytime Phone #</small>		