2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 14, 2005 8:00 am Secretary of State 07-14-2005 90075 011 ***150.00

DOCUMENT # P04000171083 1. Entity Name KAREN KOEGEL, P.A.							07-14-2005	90073 01	1 130	7.00
5205 PALMETTO DRIVE			Mailing Address 5205 PALMETTO DRIVE MELBOURNE BEACH, FL 32951 US				II 1180 1888 118	11 32131 13163 114	1 88 1 1 88 1	
2. Principal Place of Business 3.			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07062005	Chg-P	CR2E03	34 (10/03)	
City & State		City & State		4. FEI Numbe		192		plied For t Applicable		
Zip	Zip Country		Zip	Coun	try 5. Certificate of Status Desired				8.75 Addee Required	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
SMALLEY & COMPANY, P.A. 1517 HILLCREST STREET ORLANDO, FL 32803			-			(P.O. Box Numbe	er is Not Acceptable	e)		
					City			FL	Zip Code)
	named entity su ions of registered		ne purpose of changing its	registere	ad office or registe	red agent, or bot	h, in the State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE	Signature, lyped or pr	nted name of registered agent and	tide d'applicable. (NOTE	: Registere	d Agent signature require	d when reinstaung)		DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005					.00 May Be led to Fees	In accordance v corporation did	with s. 607. not receive	193(2)(b), the prior r	F.S., the notice.	
10.		OFFICERS AND DI	RECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KOEGEL, KA 5205 PALME MELBOURN		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		- 1				Change	☐ Addition
TITLE NAME				-						☐ Addition
STREET ADDRESS CITY+ST-ZIP			☐ Delete		I				☐ Change	
STREET ADDRESS			☐ Delete	NAM STRE CITY TITLI NAM STRE	E EI ADDRESS - ST-ZIP				☐ Change	Addition
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver of 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 an other like empowered.