


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90027 013 \*\*\*158.75

<b>DOCUMENT # P05000025075</b>	
1. Entity Name <b>CHRISTOPHER N. KREIN, P.A.</b>	

Principal Place of Business <b>16299 SAN CARLOS BLVD. FORT MYERS FL 33908</b>	Mailing Address <b>16299 SAN CARLOS BLVD. FORT MYERS FL 33908</b>
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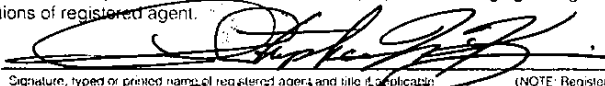
2. Principal Place of Business <b>956 Wittman Drive</b> Suite, Apt. #, etc.	3. Mailing Address <b>956 Wittman Drive</b> Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State <b>Fort Myers, FL.</b>	City & State <b>Fort Myers, FL.</b>	4. FEI Number <b>59-3798509</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33919</b>	Country <b>USA</b>	Zip <b>33919</b>	Country <b>USA</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>KREIN, CHRISTOPHER N 16299 SAN CARLOS BLVD. FORT MYERS FL 33908</b>		7. Name and Address of New Registered Agent Name <b>956 Wittman Drive</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33919</b>	
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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  **Christopher N. Krein** (NOTE: Registered Agent signature required when reinstating) DATE **March 13, 2006**

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST KREIN, CHRISTOPHER N. 16299 SAN CARLOS BLVD. FORT MYERS FL 33908</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>956 Wittman Drive Fort Myers, FL. 33919</b> <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
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
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 Section 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:  **March 13, 2006** **239-823-8910**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #