2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000042454

Entity Name: KRONUS DONUTS, INC

Address:

City-St-Zip:

113 COUNTY STREET

REHOBOTH, MA 02769

FILED Feb 13, 2007 Secretary of State

Littly Name: ARONOS DONOTS, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ST. NORTH RSBURG, FL	33713			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 9 BARRING	TON, RI 0280	3			
FEI Number: 20-2419147 FEI Number Applied For ()		FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	CHAEL HTERRACE N RSBURG, FL				
	named entity see of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATU					
	Electror	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () SILVA, MICHAE 6439 34TH TEF ST. PETERSBU	RRACE N.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TREA () DESLAURIERS 7848 1ST AVE. ST. PETERSBU	S.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () DEMERS, RICH 7856 4TH AVE ST. PETERSBU		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () HATHAWAY, TE 6439 34TH TER ST. PETERSBU	RRACE N.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP () ANDERSON, A	Delete ARON	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ROGER E DESLAURIERS TREA 02/13/2007