


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2007 8:00 am**  
**Secretary of State**

07-27-2007 90006 048 \*\*\*150.00

<b>DOCUMENT # P05000048810</b> 1. Entity Name KLR, INC.					
Principal Place of Business 3411 NE 18TH AVE OAKLAND PARK, FL 33306			Mailing Address 3411 NE 18TH AVE OAKLAND PARK, FL 33306		
2. Principal Place of Business - No P.O. Box # <i>11028 83rd Lane N.</i>		3. Mailing Address <i>11028 83rd Lane N.</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>West Palm Beach, FL</i>		City & State <i>West Palm Beach, FL.</i>		4. FEI Number 71-0982225	
Zip <i>33412</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  KIDDER, M. KIERAN 3411 NE 18TH AVE OAKLAND PARK, FL 33306		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE: <i>[Signature]</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <i>7/24/07</i>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIDDER, M. KIERAN 3411 NE 18TH AVE OAKLAND PARK, FL 33306	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOWELL KIDDER, JENNIFER 3411 NE 18TH AVE OAKLAND PARK, FL 33306	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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: <i>[Signature]</i> <i>M. Kieran Kidder</i> <i>7/24/07</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					