2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000030571

Entity Name: KCROBLEE INC.

FILED Apr 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2950 BAYSHORE POINTE DRIVE 2603 W. TYSON AVE. TAMPA, FL 33611 TAMPA, FL 33611

Current Mailing Address: New Mailing Address:

2950 BAYSHORE POINTE DRIVE 2603 W. TYSON AVE. TAMPA, FL 33611 TAMPA, FL 33611

FEI Number: 51-0572246 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:

HOLLENKAMP, ROBERT
2950 BAYSHORE POINTE DRIVE
TAMPA, FL 33611 US

HOLLENKAMP, ROBERT
2603 W. TYSON AVE.
TAMPA, FL 33611 US

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.

SIGNATURE: ROBERT M. HOLLENKAMP 04/12/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

P/D () Delete Title: P/D (X) Change () Addition
HOLLENKAMP, ROBERT
2950 BAYSHORE POINTE DRIVE Address: 2603 W. TYSON AVE.
TAMPA, FL 33611 City-St-Zip: TAMPA, FL 33611

Title: VP/D () Delete Title: VP/D (X) Change () Addition

 Name:
 HOLLENKAMP, LEE
 Name:
 HOLLENKAMP, LEE

 Address:
 2950 BAYSHORE POINTE DRIVE
 Address:
 2603 W. TYSON AVE.

 City-St-Zip:
 TAMPA, FL 33611
 City-St-Zip:
 TAMPA, FL 33611

Title: T () Delete Title: T (X) Change () Addition

 Name:
 HOLLENKAMP, LEE
 Name:
 HOLLENKAMP, LEE

 Address:
 2950 BAYSHORE POINTE DRIVE
 Address:
 2603 W. TYSON AVE.

 City-St-Zip:
 TAMPA, FL 33611
 City-St-Zip:
 TAMPA, FL 33611

Title: S () Delete Title: S (X) Change () Addition

 Name:
 HOLLENKAMP, ROBERT
 Name:
 HOLLENKAMP, ROBERT

 Address:
 2950 BAYSHORE POINTE DRIVE
 Address:
 2603 W. TYSON AVE.

 City-St-Zip:
 TAMPA, FL 33611
 City-St-Zip:
 TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: ROBERT M. HOLLENKAMP PRES 04/12/2009