2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000044216

Entity Name: KLOPP OF FLORIDA, INC.

FILED Mar 23, 2007 Secretary of State

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

215 VOLLMER AVENUE OLDSMAR, FL 34677

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 1109 POST OFFICE BOX 985 OLDSMAR, FL 34677 OLDSMAR, FL 34677

FEI Number: 35-1456139 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LYONS, GARY W NELSON, RICHARD D PRES 311 SOUTH MISSOURI AVENUE 1135 VICTORIA DRIVE APT. #3 CLEARWATER, FL 33756 DUNEDIN, FL 34698 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: RICHARD D. NELSON 03/23/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition NELSON, RICHARD D NELSON, RICHARD D Name: Name: 215 VOLLMER AVENUE 1135 VICTORIA DRIVE APT 3 Address: Address:

DUNEDIN, FL 34698 City-St-Zip: OLDSMAR, FL 34677 City-St-Zip:

Title: Title: () Delete (X) Change () Addition Name: NELSON, GEORGIA F Name: NELSON, GEORGIA F

215 VOLLMER AVENUE 215 VOLLMER AVENUE, P.O. BOX 985 Address: Address:

OLDSMAR, FL 34677 OLDSMAR, FL 34677 City-St-Zip: City-St-Zip:

Title: () Delete Title: D (X) Change () Addition NELSON, CARL NELSON, CARL Name: Name:

215 VOLLMER AVENUE 215 VOLLMER AVENUE, P.O. BOX 985 Address: Address:

City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: OLDSMAR, FL 34677

Title: () Delete Title: VP. (X) Change () Addition NELSON, DANIEL R NELSON, DANIEL R Name: Name:

Address: 215 VOLLMER AVENUE Address: 215 VOLLMER AVENUE, P.O. BOX 985 City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: OLDSMAR, FL 34677

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

CHRISTIAN, CRYSTAL N Name: Name:

Address: 215 VOLLMER AVENUE, P.O. BOX 985 Address:

City-St-Zip: City-St-Zip: OLDSMAR, FL 34677

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.

SIGNATURE: RICHARD D. NELSON **PRES** 03/23/2007