



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90094 022 \*\*\*150.00

<b>DOCUMENT # P06000058166</b>																																																																							
<b>1. Entity Name</b> KARLENE SCHWARTZ, INC.																																																																							
<b>Principal Place of Business</b> 4464 N.W. ALBION AVENUE PORT SAINT LUCIE, FL 34983 US			<b>Mailing Address</b> 4464 N.W. ALBION AVENUE PORT SAINT LUCIE, FL 34983 US																																																																				
<b>2. Principal Place of Business - No P.O. Box #</b> 2122 SW Burman Ln. <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Address</b> 2122 SW Burman Ln. <small>Suite, Apt. #, etc.</small>																																																																					
<b>City &amp; State</b> Port St Lucie, FL		<b>City &amp; State</b> Port St Lucie, FL		<b>4. FEI Number</b> 65-1276934																																																																			
<b>Zip</b> 34984		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																			
<b>6. Name and Address of Current Registered Agent</b> SCHWARTZ, KARLENE 4464 N.W. ALBION AVE PORT SAINT LUCIE, FL 34983				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 2122 SW Burman Ln. City Port St Lucie FL Zip Code 34984																																																																			
<b>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.</b> SIGNATURE: <u>Karlene M. Schwartz</u> <span style="float: right;">4/30/07</span> <small>Signature, typed or printed name of registered agent and title if applicable</small> <span style="float: right;"><small>NOTE: Registered Agent signature required when reinstating</small></span>																																																																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">2122 SW Burman Ln</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SCHWARTZ, KARLENE</td> <td></td> <td>NAME</td> <td>Port St. Lucie, FL 34984</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4464 NW ALBION AVE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT SAINT LUCIE, FL 34983</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	P	<input type="checkbox"/> Delete	TITLE	2122 SW Burman Ln	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SCHWARTZ, KARLENE		NAME	Port St. Lucie, FL 34984		STREET ADDRESS	4464 NW ALBION AVE		STREET ADDRESS			CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983		CITY-ST-ZIP																																						
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<b>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.</b> SIGNATURE: <u>Karlene M. Schwartz</u> <span style="float: right;">4/30/07</span> <span style="float: right;">954-793-3875</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date</small></span> <span style="float: right;"><small>Daytime Phone #</small></span>																																																																							