
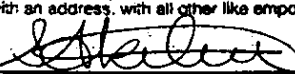


**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000078030			
1. Entity Name KILIAN PROPERTIES, INC.			
Principal Place of Business 1990 MAIN STREET SUITE 801 SARASOTA, FL 34236		Mailing Address 46 NORTH WASHINGTON BLVD. #1 SARASOTA, FL 34236	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1990 Main Street	
Suite, Apt. #, etc		Suite, Apt. #, etc Suite 801	
City & State		City & State Sarasota, Fl.	
Zip	Country	Zip	Country
		34236	
4. FEI Number 20-5280403		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LPS CORPORATE SERVICES, INC. 46 NORTH WASHINGTON BLVD. #1 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name: Kenea M. Glendinning, CPA Street Address (P.O. Box number is not acceptable): 1990 Main Street, Suite 801 City: Sarasota FL Zip Code: 34236	
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.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Susan Kilian
STREET ADDRESS		STREET ADDRESS	1990 Main Street, Suite 801
CITY-ST-ZIP		CITY-ST-ZIP	Sarasota, Fl. 34236
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DS Christopher Kilian
STREET ADDRESS		STREET ADDRESS	1990 Main Street, Suite 801
CITY-ST-ZIP		CITY-ST-ZIP	Sarasota, Fl. 34236
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		4-10-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Susan Kilian, President		City State	

40064399



03122007 Chg-P CR2E034 (12/06)