

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000096775

Entity Name: KRAUS ASSOCIATES, INC.

FILED
Mar 12, 2008
Secretary of State

Current Principal Place of Business:

315 RYDER CUP CIRCLE
UNIT 206
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

326 PORTA ROSA CIRCLE
ST. AUGUSTINE, FL 32092

Current Mailing Address:

315 RYDER CUP CIRCLE
UNIT 206
ST. AUGUSTINE, FL 32092

New Mailing Address:

7 INDEPENDENCE AVE
DERRY, NH 03038

FEI Number: 02-0529836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAUS, ELAINE M
315 RYDER CUP CIRCLE
UNIT 206
ST. AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

KRAUS, ELAINE M
326 PORTA ROSA CIRCLE
ST. AUGUSTINE, FL 32092 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:

03/12/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, T () Delete
Name: KRAUS, ELAINE M
Address: 315 RYDER CUP CIRCLE, UNIT 206
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D () Delete
Name: KRAUS, ELAINE M
Address: 315 RYDER CUP CIRCLE, UNIT 206
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: S, D () Delete
Name: KRAUS, ARTHUR E
Address: 315 RYDER CUP CIRCLE, UNIT 206
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, T (X) Change () Addition
Name: KRAUS, ELAINE M
Address: 326 PORTA ROSA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D (X) Change () Addition
Name: KRAUS, ELAINE M
Address: 326 PORTA ROSA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: S, D (X) Change () Addition
Name: KRAUS, ARTHUR E
Address: 7 INDEPENDENCE AVE
City-St-Zip: DERRY, NH 03038

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: BARBARA CONCANNON

ADMN

03/12/2008

Electronic Signature of Signing Officer or Director

Date