2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000111485

Entity Name: KARAU-WULFF INC.

Title:

Name:

Address:

City-St-Zip:

FILED Feb 11, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	EKSIDE VIEW RS, FL 33908	DRIVE US		9903 GULF COAST MAIN STREET #160 FORT MYERS, FL 33913 US	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	CREEKSIDE VIEW DRIVE MYERS, FL 33908 US			9903 GULF COAST MAIN STREET #160 FORT MYERS, FL 33913 US	
FEI Number:	20-5929840	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
WULFF, GREGORY B 18260 CREEKSIDE VIEW DRIVE FORT MYERS, FL 33908 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:					
Electronic Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () D WULFF, GREGO 18260 CREEKSIL FORT MYERS, FI	DE VIEW DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () C WULFF, BARBAR 18260 CREEKSIL FORT MYERS, FI	DE VIEW DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () C KARAU, TAMMY (1802 NW 24TH P CAPE CORAL, FL	LACE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JEFF KARAU SD 02/11/2008

() Delete

KARAU, JEFFREY L

4707 SW 24TH AVENUE

CAPE CORAL, FL 33914 US

() Change () Addition