




**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

4/23

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

04-23-2007 90057 002 \*\*\*158.75

<b>DOCUMENT # P06000157738</b>			
1. Entity Name <b>CHRISTINAB INC</b>			
Principal Place of Business <b>16513 SILVERHILL DR TAMAP, FL</b>		Mailing Address <b>16513 SILVERHILL DR TAMAP, FL</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03232007 Chg-P CR2E034 (12/06)		4. FEI Number <b>20-8164423</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For NOT APPLICABLE	
6. Name and Address of Current Registered Agent <b>CUNNINGHAM, JOHN L 2130 W BRANDON BLVD #205 BRANDON, FL 33509</b>		7. Name and Address of New Registered Agent Name <b>CHRISTINA BRUGMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>16513 SILVERHILL DR</b> City <b>TAMPA</b> FL Zip Code <b>33624</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 agents. SIGNATURE:  DATE: <b>4/11/07</b> <small>(NOTE: Registered Agent Signature required when reissuing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P BRUGMAN, CHRISTINA 16513 SILVERHILL DR TAMPA, FL 33624</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		DATE: <b>4/11/07</b> DAY/PHONE: <b>83-833-6351</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE DAY/PHONE #</small>	