


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90006 008 ***150.00

DOCUMENT # P07000103570	
1. Entity Name KATHY KARIS CONSULTING, INC.	

Principal Place of Business 11275 167TH PLACE NORTH JUPITER, FL 33478 US	Mailing Address 11275 167TH PLACE NORTH JUPITER, FL 33478 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____	3. Mailing Address Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____
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05272008 Chg-P	CR2E034 (12/06)
4. FEI Number 26-107 9740	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KARIS, KATHY 11275 167TH PLACE NORTH JUPITER, FL 33478	
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7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KARIS, KATHY 11275 167TH PLACE NORTH JUPITER, FL 33478 <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: Kathleen Karis **May 27 2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #