2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P94000014702

Entity Name: KAREN'S KORNER SYSTEMS, INC.

Current Principal Place of Business:

491 EDWARDS STREET
ENGLEWOOD, FL 34223

New Principal Place of Business:

471 EDWARDS STREET
ENGLEWOOD, FL 34223

Current Mailing Address:

491 EDWARDS STREET
ENGLEWOOD, FL 34223

New Mailing Address:

471 EDWARDS STREET
ENGLEWOOD, FL 34223

FEI Number: 65-0474885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLF, FREDERICK E JR.
491 EDWARDS STREET
ENGLEWOOD, FL 34223

Name and Address of New Registered Agent:

WOLF, FREDERICK E JR.
471 EDWARDS STREET
ENGLEWOOD, FL 34223

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: BOBBI SUE LETSO 04/28/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WOLF, FREDERICK E. J
Address: 491 EDWARDS ST
City-St-Zip: ENGLEWOOD, FL

Title: S ( ) Delete
Name: WOLF, KAREN S.
Address: 491 EDWARDS ST
City-St-Zip: ENGLEWOOD, FL

Title: VP ( ) Delete
Name: LETSO, BOBBI
Address: 491 EDWARDS ST
City-St-Zip: ENGLEWOOD, FL

Title: T ( ) Delete
Name: LETSO, MICHAEL R
Address: 491 EDWARDS ST
City-St-Zip: ENGLEWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WOLF, FREDERICK E. J
Address: 471 EDWARDS ST
City-St-Zip: ENGLEWOOD, FL

Title: S (X) Change ( ) Addition
Name: WOLF, KAREN S.
Address: 471 EDWARDS ST
City-St-Zip: ENGLEWOOD, FL

Title: VP (X) Change ( ) Addition
Name: LETSO, BOBBI
Address: 471 EDWARDS ST
City-St-Zip: ENGLEWOOD, FL

Title: T (X) Change ( ) Addition
Name: LETSO, MICHAEL R
Address: 471 EDWARDS ST
City-St-Zip: ENGLEWOOD, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BOBBI SUE LETSO VP 04/28/2004
Electronic Signature of Signing Officer or Director Date