

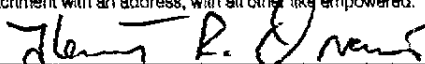


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000061871 1. Entity Name KRO, INC.			
Principal Place of Business 4928 BALSAM DR LAND O' LAKES, FL 34639 US		Mailing Address 4928 BALSAM DR LAND O' LAKES, FL 34639 US	
DO NOT WRITE IN THIS SPACE			
		01242008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3267818	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OVARLET, KENNETH R 4928 BALSAM DR LAND O' LAKES, FL 34639		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE UD00000487752 04/14/06-80007-016 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP OVARLET, KENNETH R 4928 BALSAM DR LAND O LAKES, FL 34639		
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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 _____ Daytime Phone # _____	