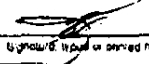
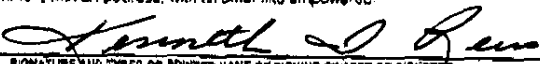


FILED
May 03, 2007 08:00 A
Secretary of State

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000072087																																		
1. Entity Name KREN, INC.																																		
Principal Place of Business 328 176TH AVENUE CIRCLE REDINGTON SHORES, FL 33708	Mailing Address 328 176TH AVENUE CIRCLE REDINGTON SHORES, FL 33708																																	
DO NOT WRITE IN THIS SPACE																																		
2. Name and Address of Current Registered Agent MOORE, CHARLES G ESQ 5530 FIRST AVE., NORTH ST. PETERSBURG, FL 33710		 06012007 No Chg-P CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">4. FEI Number 65-0618803</td><td style="padding: 2px; text-align: center;">Applied For Net Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired ☐ \$8.75 Additional Fee Returned</td></tr></table>	4. FEI Number 65-0618803	Applied For Net Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Returned																													
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Returned																																		
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  000000759763 05/24/07-00056-011 150.00 Signature of individual or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) Date																																		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; font-size: 8px;">TITLE</td><td style="font-size: 8px;">D</td></tr><tr><td style="font-size: 8px;">NAME</td><td style="font-size: 8px;">RFAISS, KENNETH I</td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td style="font-size: 8px;">328 -176TH AVE.</td></tr><tr><td style="font-size: 8px;">CITY-STATE-ZIP</td><td style="font-size: 8px;">REDINGTON SHORES, FL 33708</td></tr><tr><td style="font-size: 8px;">TITLE</td><td></td></tr><tr><td style="font-size: 8px;">NAME</td><td></td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td></tr><tr><td style="font-size: 8px;">CITY-STATE-ZIP</td><td></td></tr><tr><td style="font-size: 8px;">TITLE</td><td></td></tr><tr><td style="font-size: 8px;">NAME</td><td></td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td></tr><tr><td style="font-size: 8px;">CITY-STATE-ZIP</td><td></td></tr><tr><td style="font-size: 8px;">TITLE</td><td></td></tr><tr><td style="font-size: 8px;">NAME</td><td></td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td></tr><tr><td style="font-size: 8px;">CITY-STATE-ZIP</td><td></td></tr></table>			TITLE	D	NAME	RFAISS, KENNETH I	STREET ADDRESS	328 -176TH AVE.	CITY-STATE-ZIP	REDINGTON SHORES, FL 33708	TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP	
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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:  4/30/07 727 319-0811 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone																																		