

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90116 028 ***150.00

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03012006 Chg-P CR2E034 (11/05)

DOCUMENT # P96000036146 1. Entity Name KILL KARE, INC.					
Principal Place of Business 2040 NW 67TH PLACE GAINESVILLE, FL 32653 US			Mailing Address 2040 NW 67TH PL GAINESVILLE, FL 32653 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4325 AZALEA SPRINGS WAY Suite, Apt. #, etc.			
City & State		City & State CALESTOGA, CA		4. FEI Number 79-3388864	
Zip 94515		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALLINI, G. THOMAS 2040 N.W. 67TH PL. GAINESVILLE, FL 32653			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MALLINI, G. THOMAS 2040 NW 67TH PLACE GAINESVILLE, FL 32653		<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"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>T. Mallini</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/1/06 352 264 7202 Date Daytime Phone #		