


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90010 041 ***150.00

DOCUMENT # P96000100958	
1. Entity Name KLESS, INC.	

Principal Place of Business 3895 N SAGAMON POINT CRYSTAL RIVER FL 34428	Mailing Address 3895 N SAGAMON POINT CRYSTAL RIVER FL 34428
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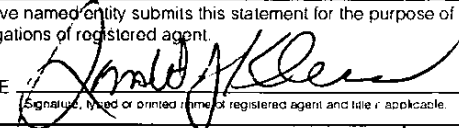
2. Principal Place of Business - No P.O. Box # 5079 W Pinto Lp.	3. Mailing Address 5079 W Pinto Lp.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Beverly Hills FL.	City & State Beverly Hills FL.
Zip 34465	Country

4. FEI Number 59-3416303	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	
KLESS, RONALD 6339 SEBRING STREET SPRING HILL FL 34607 D.B.A. KLESS, INC 5079 W. PINTO Lp Beverly Hills Fla 34465	

7. Name and Address of New Registered Agent	
Name Ronald Kless Street Address (P.O. Box Number is Not Acceptable) 5079 W Pinto Lp. City Beverly Hills	
FL	Zip Code 34465

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 	DATE 1/29/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete P KLESS, RONALD 5079 W PINTO LP BEVERLY HILLS FL 34465
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete S KLESS, DOLORES 5079 W PINTO LP BEVERLY HILLS FL 34465
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 1/29/07	PHONE 352-5277744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		