


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90414 042 ***150.00

DOCUMENT # P97000021335
1. Entity Name
Kilian Management Incorporated



DO NOT WRITE IN THIS SPACE

40076433

2. Principal Place of Business
3744 SE Fairway East
Suite, Apt. #, etc.

3. Mailing Address
3744 SE Fairway East
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Stuart, FL

City & State
Stuart, FL

Zip
34997

Country

4. FEI Number
52-2033838

Applied For
 Not Applicable

**DO NOT WRITE
IN THIS SPACE**

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
Frank J. Kilian

Street Address (P.O. Box Number is Not Acceptable)
3744 SE Fairway East

City
Stuart

FL Zip Code
34997

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Frank J. Kilian 3744 SE Fairway East Stuart, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Debbie B. Kilian 3744 SE Fairway East Stuart, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with a letter like, or power of attorney.

SIGNATURE: Frank J. Kilian II Frank J. Kilian II 4/26/06 410-543-1073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)