2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 01, 2005 8:00 am **Secretary of State DOCUMENT # P97000097738** 1. Entity Name 03-01-2005 90069 025 ***150.00 KURRONEN, INC. Principal Place of Business Mailing Address 2951 LAKE TOHOPEKALIGA BLVD. KISSIMMEE FL 34749 713 BUNKER LANE KISSIMMEE FL 34759 3. Mailing Address 2951 Lake Tohopekaliga Blud 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3478238 Kissimme Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Osceola Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KURRONEN, ANTTI Street Address (P.O. Box Number is Not Acceptable) 713 BUNKER LANE KISSIMMEE FL 34759 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PTS ☐ Delete Change Change TITI F ☐ Addition Kurronen, Antti K 2951 Lake Tohopekaliga Blud. NAME KURRONEN, ANTTI K STREET ADDRESS 713 BUNKER LANE STREET ADDRESS Kissimmee FL. 34746 KISSIMMEE FL 34759 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition Kurronen, Constance 2 KURRONEN, CONSTANCE R NAME MARKE 2951 Lake Tohopekaliga Blud STREET ADDRESS 713 BUNKER I N STREET ADDRESS Kissimmee, fl 34746 KISSIMMEE FL 34759 CITY-ST-ZIP CITY-ST-ZIP - Dolete Change ☐ Addition TITLE_ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TETLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Defete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Addition THILE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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:

| Constance | C

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