2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 16, 2007 8:00 am Secretary of State 01-16-2007 90198 044 ***150.00 DOCUMENT # P98000077663 1. Entity Name KRUSE BROTHERS INVESTMENTS, INC. Principal Place of Business Mailing Address 60001931 20 OSPREY POINT DR 2151 WHITFIELD INDUSTRIAL WAY OSPREY FL 34229 SARASOTA, FL 34243 3. Mailing Address 211 RODIN BRIVE 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 01092007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For 65-0866130 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ESSENSON, JAMES L 2071 MAIN STREET Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34237 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) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DV ☐ Delete TITLE ☐ Change ☐ Addition KRUSE, THOMAS E NAME NAME STREET ADDRESS 2151 WHITFIELD INDUSTRIAL WAY STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ■ Addition KRUSE, ROBERT J NAME NAME STREET ADDRESS 2151 WHITFIELD INDUSTRIAL WAY STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CITY-ST-ZIP DST ☐ Delete TITLE ☐ Change ☐ Addition KRUSE, GEORGE W NAME NAME STREET ADDRESS 2151 WHITFIELD INDUSTRIAL WAY STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Channe NAME NAME

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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 Peport 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 trusted 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 any address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

GEORGE W. KRUSE, TREASURER 1.18.07 941239 6200 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

STREET ADDRESS

CITY-ST-ZiF