2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000050141

1. Entity Name
KAREN RITTER, INC.

Principal Place of Business	Mailing Address
12573 NW 74 PLACE PARKLAND, FL 33076	12573 NW 74 PLACE PARKLAND, FL 33076

DO NOT WRITE IN THIS SPACE

01232006   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0592317	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RITTER, GREGORY J ESQ.
7000 WEST PALMETTO PARK RD
SUITE 305
BOCA RATON, FL 33433

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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

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

UO0000402890
02703706-80025-025 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	RITTER, KAREN
STREET ADDRESS	12573 NW 74 PLACE
CITY-ST-ZIP	PARKLAND, FL 33076

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: *Karen Ritter* Karen Ritter   Jan 24, 06   954-560-4848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #