


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

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90063 049 \*\*\*150.00

DOCUMENT # P99000084342	
1. Entity Name KLN DESIGN INC.	

**DO NOT WRITE IN THIS SPACE**

**54029652**

2. Principal Place of Business 111 CALLE DE LAGOS Suite, Apt. #, etc.	3. Mailing Address 111 CALLE DE LAGOS Suite, Apt. #, etc.
City & State FORT PIERCE FL	City & State FORT PIERCE FL
Zip 34951	Country
Zip 34951	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0955435	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name	Spiegel & Utrera, P.A.
	Street Address (P.O. Box Number is Not Acceptable)	1840 Coral Way, 4th Floor
	City	MIAMI FL Zip Code 33145

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<p>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</p>	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	PSTD KELLEY NICHOLAS J 111 CALLE DE LAGOS FT PIERCE FL 34951	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 all other like empowered.

SIGNATURE: Nicholas Kelley NICHOLAS KELLEY 4-7-04 (TT) 465-0934  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)