


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # V05307

1. Entity Name
 KLEMOW, INC.



Principal Place of Business 2001 W SAMPLE RD SUITE 320 POMPANO BCH, FL 33064 US	Mailing Address 2001 W SAMPLE RD SUITE 320 POMPANO BCH, FL 33064 US
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01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0310345	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEMOW, HAROLD
 7988 MANDARIN DRIVE
 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 _____ DATE _____
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
After May 1, 2006 Fee will be \$550.00

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	DP KLEMOW, HAROLD 7988 MANDARIN DRIVE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KLEMOW, JORDAN 8517 NORTHWEST 77 STREET TAMARAC, FL
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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 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: Jordan Klemow JORDAN KLEMOW 1-9-06 954 969-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #