2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State
01-31-2008 90013 004 ***150.00

DOCUMENT # V10698

1. Entity Name

KILLINOR CORP.

Principal Place of Business	Mailing Address
322 N OCEAN BLVD DELRAY BEACH FL 33444 US	CHRISTINE HORN PA 3469 BOYNTON BEACH BLVD, STE 15 BOYNTON BEACH FL 33436 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	3469 W. Boynton Bch Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 18
City & State	City & State Boynton Bch, FL
Zip / Country	Zip / Country 33436 / USA

4. FEI Number 58-1980968 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HORN, CHRISTINE M. 3469 WEST BOYNTON BEACH BLVD SUITE 15 BOYNTON BEACH FL 33436	Name: LOUIS RALEY, P.A. Street Address (P.O. Box Number is Not Acceptable): 3469 W. Boynton Beach Blvd SUITE 18 City: Boynton Beach FL Zip Code: 33436

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: _____ 1/25/08
Signature of new registered agent (if changing) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD STRAUSS, DIETMAR PRASIDIAL-ANSTALT, AUELESTRASSE 38 VADUZ LI 9490	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP,D DUR, JOHANNES MAG.IUR PRASIDIAL-ANSTALT, AUELESTRASSE 38 VADUZ LI 9490	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S,D KAISER, WALTER PRASIDIAL-ANSTALT, AUELESTRASSE 38 VADUZ LI 9490	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 1/25/08 5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #