


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # V62805 1. Entity Name KRUG TECHNOLOGY, INC.	
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Principal Place of Business BAY #7, 335 SW 14TH AVE. POMPAÑO BEACH, FL 33069	Mailing Address BAY #7, 335 SW 14TH AVE. POMPAÑO BEACH, FL 33069
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03292007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0354716	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALSH, GERALD V. BAY #7, 335 S.W. 14TH AVE. POMPAÑO BEACH, FL 33069	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	D KRUG, MARIA 4034 N. OCEAN DR. HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUG, LOUIS 4034 N. OVEAN DR. HOLLYWOOD, FL 33019
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04/12/07-80001-005 158.75

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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: Maria Krug Maria Krug 3/29/07 954 784-9588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #