2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G26678

Entity Name: A & K INVESTMENTS CO.

4139 W VINE ST., SUITE 117

KISSIMMEE, FL 34741 US

Address: City-St-Zip: FILED Apr 30, 2009 Secretary of State

Current Pr	incipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
SUITE 117	NE STREET	LIC			
KIOOIIVIIVIEI	E, FL 34741	US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
4139 W. VI SUITE 117	39 W. VINE STREET JITE 117		4139 W VINE STREET SUITE 117		
KISSIMMEI	E, FL 34741	US	KISSIMMEE, FL 34741	US	
FEI Number:	59-2286471	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
4139 W VII SUITE 117	INGH, KAMAL NE STREET E, FL 34741 L	JS			
The above in the State		submits this statement for the pu	urpose of changing its registered o	office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () CHADEESINGH 4139 W VINE S KISSIMMEE, FL	T, SUITE 117	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VT () CHADEESINGH 4139 W. VINE S KISSIMMEE, FL	ST., SUITE 117	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	S () ALICE, CHADE	Delete ESINGH	Title: () Name:) Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: KAMAL CHADEESINGH PD 04/30/2009