


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Jul 19, 2006 08:00 AM
Secretary of State**


DOCUMENT # L03000018602
1. Entity Name
KINETEK CONSULTING, LLC



Principal Place of Business
318 INDIAN TRACE, #700
WESTON, FL 33326

Mailing Address
318 INDIAN TRACE, #700
WESTON, FL 33326

DO NOT WRITE IN THIS SPACE



07072006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 75-3070529	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRUITMAN, STEVE PARTNER
318 INDIAN TRACE, #700
WESTON, FL 33326

**DO NOT WRITE
IN THIS SPACE**

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: 7/14/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

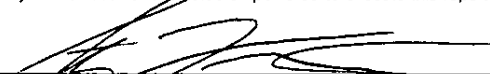
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KINETEK CONSULTING, LLC 318 INDIAN TRACE, #700 WESTON, FL 33326
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U00000571277
07/19/06-80011-016 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: 7/14/06 DAYTIME PHONE #: 903-341-0253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #