

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000031446

Entity Name: AK DESIGNS INC.

FILED  
Mar 22, 2005  
Secretary of State

## Current Principal Place of Business:

11220 NW 15TH STREET  
PLANTATION, FL 33323

## New Principal Place of Business:

## Current Mailing Address:

11220 NW 15TH STREET  
PLANTATION, FL 33323

## New Mailing Address:

FEI Number: 65-1020087

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KELLER, AMY  
11220 NW 15TH STREET  
PLANTATION, FL 33323 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KELLER, AMY  
Address: 11220 NW 15TH STREET  
City-St-Zip: PLANTATION, FL 33323

Title: D ( ) Delete  
Name: NICOLETTO, KIM  
Address: 10985 NW 18TH DR  
City-St-Zip: PLANTATION, FL 33322

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: KIM NICOLETTO

D

03/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date