

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P01000114772 1. Entity Name K. INTERNATIONAL PUBLICATION, INC.	
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Principal Place of Business 9866 WEST SAMPLE RD CORAL SPRINGS, FL 33065	Mailing Address 9866 WEST SAMPLE RD CORAL SPRINGS, FL 33065
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DO NOT WRITE IN THIS SPACE



03122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1155178	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KONDOOR, THOMAS V 11471 WEST SAMPLE RD., #10 CORAL SPRINGS, FL 33065

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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 reinstating) 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	PD KONDOOR, THOMAS V 11471 WEST SAMPLE RD., #10 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KONDOOR, SALLY 11471 WEST SAMPLE RD., #10 CORAL SPRINGS, FL 33065
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05/23/07-80081-001 150.00

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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:  Date: 4/17/07 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR