2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State
05-11-2005 90122 007 ***150.00

DOCUMENT # P03000019238

1. Entity Name
KOZY KOVE ADULT HOME CENTERS, INC.

Principal Place of Business	Mailing Address
490 NW 45TH TERRACE PLANTATION, FL 33317	490 NW 45TH TERRACE PLANTATION, FL 33317

50051449

2. Principal Place of Business	3. Mailing Address
490 NW 45th Terrace	490 NW 45th Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANTATION	City & State: PLANTATION FLORIDA
Zip: 33317 Country: U.S.A.	Zip: 33317 Country: U.S.A

04222005 Chg-P CR2E034 (10/03)

4. FEI Number: 33-1080910 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAMSEY, HARPER 490 NW 45TH TERRACE PLANTATION, FL 33317	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RAMSEY, HARPER		NAME	
STREET ADDRESS	490 NW 45TH TERRACE		STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33317		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Harper Ramsey 5/7/05 954/316-6580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #