

FILED
Jun 13, 2006 8:00 am
Secretary of State

04-28-2006 90170 018 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000078849 1. Entity Name KINGS OF DETAILING, INC.					
Principal Place of Business P.O. BOX 101434 FT. LAUDERDALE, FL 33311			Mailing Address P.O. BOX 101434 FT. LAUDERDALE, FL 33311		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 47-0955395 ☐ 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		
BOWEN, KATRINA R 2331 N. STATE ROAD 7 210 LAUDERHILL, FL 33313			Name <u>Holden Treasure Int Credit, Corp.</u> Street Address (P.O. Box Number is Not Acceptable) <u>4121 NW 5th Street, Ste 218</u> City <u>Plantation</u> FL Zip Code <u>33317</u>		
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 <u>Katrina Bowen</u> DATE <u>4/25/06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning).					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	P BOWEN, DONELL W P.O. BOX 101434 FT. LAUDERDALE, FL 33311		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOWEN, DONELL W P.O. BOX 101434 FT. LAUDERDALE, FL 33311		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES BOWEN, DONELL W P.O. BOX 101434 FT. LAUDERDALE, FL 33311		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. BOWEN, DONELL W P.O. BOX 101434 FT. LAUDERDALE, FL 33311		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
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 my address, with all other like empowerments.			SIGNATURE: <u>R. Bowen President</u> DATE: <u>4-25-06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

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