

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90302 010 ***150.00

DOCUMENT # P99000086796
 1. Entity Name
 K P & D CONSULTING INC.



Principal Place of Business: 2500 NE 17TH TERR, WILTON MANORS, FL 33305
 Mailing Address: C/O QTA ASSOCIATES INC, 3711 NE 27TH AVE, LIGHTHOUSE POINT, FL 33064 US

00042391

2. Principal Place of Business | 3. Mailing Address

101 DAVIT DRIVE
 City & State: N. Palm Beach FL

City & State: N. Palm Beach FL

Zip: 33408 | Country: US



04152005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0948296
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 LEVINE, PAUL
 2500 NE 17TH TERR
 WILTON MANORS, FL 33305

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): 101 DAVIT DRIVE
 City: N. Palm Beach FL 33408

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: Paul Levine | DATE: 4/15/05

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	
TITLE: D NAME: LEVINE, PAUL STREET ADDRESS: 2500 NE 17TH TERR CITY-ST-ZIP: WILTON MANORS, FL 33305	<input type="checkbox"/> Delete
TITLE: D NAME: LEVINE, KERRY M STREET ADDRESS: 2500 NE 17TH TERR CITY-ST-ZIP: WILTON MANORS, FL 33305	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: Levine Paul STREET ADDRESS: 101 Davit Drive CITY-ST-ZIP: N. Palm Beach, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Levine Kerry STREET ADDRESS: 101 Davit Drive CITY-ST-ZIP: N. Palm Beach, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ | DATE: 4/17/05 | DAYTIME PHONE: 454-782-4800