

2005 FOR PROFIT CORPORATION
ANNUAL REPORT


FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90277 024 ***150.00

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01072005 Chg-P CR2E034 (10/03)

DOCUMENT # 355874							
1. Entity Name KGI INC							
Principal Place of Business 1375 LOCUST ST #218 WALNUT CREEK, CA 94596 US			Mailing Address 1375 LOCUST ST STE #218 WALNUT CREEK, CA 94596 US				
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 59-1279272				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			7. Name and Address of New Registered Agent				
PHILLIPS, SYLVIA 423 GIRALDA AVE. CORAL GABLES, FL 33134			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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME	KAPLAN, EVELYN	NAME					
STREET ADDRESS	51 CAMINO DON MIGUEL	STREET ADDRESS					
CITY - ST - ZIP	ORINDA, CA	CITY - ST - ZIP					
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME	DAVIS, SUSAN	NAME					
STREET ADDRESS	2981 SW 133RD AVE.	STREET ADDRESS					
CITY - ST - ZIP	MIRAMAR, FL 33027	CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
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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 information.							
SIGNATURE: _____		Date: 4/15/05		Daytime Phone #: 925-932-6795			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							