2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State
02-26-2007 90075 049 ***158.75

DOCUMENT # F02000000328

1. Entity Name
N.K.I., INC.

Principal Place of Business	Mailing Address
82 MAIN STREET SUITE 300 HUNTINGTON NY 11743	82 MAIN STREET SUITE 300 HUNTINGTON NY 11743

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 82 Main Street Suit 1009	Suite, Apt. #, etc. 82 82 Main St Suit 100a
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/06)

4. FEI Number 51-0279611 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE FL 32301-2960

7. Name and Address of New Registered Agent

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: Valerie Ribaro V Pres 2/13/07
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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	CPVS ~~AERTS, GUY~~ 82 MAIN ST STE ~~1009~~ 100 a HUNTINGTON NY 11743	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres Adrianus Johannes Houweling
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ~~AERTS, GUY~~ 82 MAIN ST STE ~~1009~~ Suit 100 a HUNTINGTON NY 11743	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Adrianus Johannes ~~Lastname~~ Houweling
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LEFERINK, PHILIP 82 MAIN ST STE ~~1009~~ Suite 100 a HUNTINGTON NY 11743	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIBARO, VALERIE 82 MAIN ST STE ~~1009~~ Suit 100 a HUNTINGTON NY 11743	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Valerie Ribaro V Pres 2/13/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #