2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# 452672

Entity Name: T & K ASSOCIATES, INC.

Current Principal Place of Business:

405 TRAMORE DR
CHAPEL HILL, NC 27516

New Principal Place of Business:

400 OCEAN TRAIL WAY
APT. 502
JUPITER, FL 33477

Current Mailing Address:

405 TRAMORE DR
CHAPEL HILL, NC 27516

New Mailing Address:

FEI Number: 59-1672680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONRAD, JOSEPH E
400 OCEAN TRAIL WAY
APT 502
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CONRAD, JOSEPH E
Address: 400 OCEAN TRAIL WAY #502
City-St-Zip: JUPITER, FL 33477

Title: VP ( ) Delete
Name: CONRAD, JILL A
Address: 203 CHESAPEAKE WAY
City-St-Zip: CHAPEL HILL, NC 27516

Title: VP ( ) Delete
Name: CONRAD, CLAYTON R
Address: 405 WESTWOOD DR
City-St-Zip: CHAPEL HILL, NC 27516

Title: ST ( ) Delete
Name: CONRAD NEWTON, SUSAN
Address: 405 TRAMORE DR
City-St-Zip: CHAPEL HILL, NC 27516

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN CONRAD NEWTON ST 04/11/2009

Electronic Signature of Signing Officer or Director — Date