2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005
Secretary of State

DOCUMENT# 626766

Entity Name: KOV, INC.

Current Principal Place of Business:

1013 SE 12TH AVE
CAPE CORAL, FL 33990 US

New Principal Place of Business:

1331 LAVIN LANE
NORTH FORT MYERS, FL 33917 US

Current Mailing Address:

P. O. BOX 150790
202
CAPE CORAL, FL 339150790 US

New Mailing Address:

P. O. BOX 4429
NORTH FORT MYERS, FL 33918 US

FEI Number: 52-1156543 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHAPIRO, SAMUEL
1820 SE 36TH TERRACE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

SHAPIRO, SAMUEL DIRECTO
1820 SE 36TH TERRACE
CAPE CORAL, FL 33904 US

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: SAMUEL SHAPIRO 01/27/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHAPIRO, SAMUEL,
Address: 1820 SE 36 TERR
City-St-Zip: CAPE CORAL, FL

Title: D ( ) Delete
Name: PALUMBO, NANNETTE,
Address: 3628 SE 18 AVE
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete
Name: SHAPIRO, MAE,
Address: 1820 SE 36 TERRACE
City-St-Zip: CAPE CORAL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SHAPIRO, SAMUEL DIRECTO
Address: 1820 SE 36 TERR
City-St-Zip: CAPE CORAL, FL 33904

Title: D (X) Change ( ) Addition
Name: PALUMBO, NANNETTE DIRECTO
Address: 3628 SE 18 AVE
City-St-Zip: CAPE CORAL, FL 33904

Title: D (X) Change ( ) Addition
Name: SHAPIRO, MAE E DIRECTO
Address: 1820 SE 36 TERRACE
City-St-Zip: CAPE CORAL, FL 33904 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SAMUEL SHAPIRO DIRE 01/27/2005
Electronic Signature of Signing Officer or Director Date