

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 626766

Entity Name: KOV, INC.

FILED  
Feb 22, 2007  
Secretary of State

**Current Principal Place of Business:**

1331 LAVIN LANE  
NORTH FORT MYERS, FL 33917 US

**New Principal Place of Business:**

**Current Mailing Address:**

1331 LAVIN LANE  
NORTH FORT MYERS, FL 33917 US

**New Mailing Address:**

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 DIRECTO  
1820 SE 36TH TERRACE  
CAPE CORAL, FL 33904 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: D ( ) Delete  
Name: SHAPIRO, SAMUEL DIRECTO  
Address: 1820 SE 36 TERR  
City-St-Zip: CAPE CORAL, FL 33904

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

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

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: SAMUEL SHAPIRO

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

CHAI

02/22/2007

\_\_\_\_\_  
Date