## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 16, 2006 8:00 am Secretary of State

DOCUMENT # 712564  1. Entity Name KING'S PORT, INC.							C	)5-16-200	06 90022	016 ****	51.25		
2150 GULFSHORE BLVD NORTH 2				Mailing Address 2150 GULFSHORE BLVD NORTH NAPLES, FL 34102				A APPROX DE	. P1 H214	), <b></b>	1781 <b>6</b> 1811 618M B	P11 B1P1 B1B1 B	
Principal Place of Business     3.			3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.					01252006	i Ch	ng-NP	CR2E0	37 (11/05)		
City & State			City & State					4. FEI Num 59-12	<sup>ber</sup> 7365	5			pplied For lot Applicable
Zip	Country		Zip		Cou	Country		5. Certifica	te of St	atus Desired		\$8.75 Ad Fee Requir	
	6. Name	and Address of Current Re	egistered	Agent		L		7. Name ar	nd Add	ress of New	Registered	Agent	
KRAUS &	ASSOCIA	TES				Name							
KRAUS & ASSOCIATES  1072 GOODLETTE ROAD NORTH  NAPLES, FL 34102						Street A	ddress (	P.O. Box Num	ber is f	Not Acceptal	ole)		
						City					FL	Zip Cor	de
		y submits this statement for t	the purposi	e of changing its	register	ed office or	r register	ed agent, or b	oth, in	the State of		<u> </u>	, and accept
the obligat	tions of regist	ered agent.											
SIGNATURE		or printed name of registered agent and	d little if applica	ble. (NOTE	E: Registera	ed Agent signat	ure required	( when reinstating)			DATE		
SIGNATURE	Signature, typed	or printed name of registered agent and e is \$61.25 lay 1, 2006	d little if applica	9. Election Can Trust Fund C	npaign F	inancing	ture required	\$5.00 May Added to Fee		FI	Make chec		
SIGNATURE	Signature, typed	e is \$61.25		9. Election Can	npaign F	inancing		\$5.00 May	s		Make chec orida Depa	rtment of S	State N 10
10.	Filing Fe- Due by M	e is \$61.25 lay 1, 2006 OFFICERS AND DIRE		9. Election Can	npaign F Contribut	Financing ion.		\$5.00 May Added to Fee ADDITIONS/C	HANG	ES TO OFFIC	Make checorida Depa	IRECTORS II	State
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all otherwise empowered.

**SIGNATURE:** 

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WARDY HARPER (SE Date

5/9/06 2/02-79 89 Daytime Phone