2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#717279

FILED Apr 29, 2005 Secretary of State

Entity Name: KING'S WAY CONDOMINIUM APTS. #1, INC.

Current Principal Place of Business:		New Principal Place of Business:		
2905 PIER #3	RCE ST			
	OOD, FL 33020 US			
Current IV	lailing Address:		New Mailing Add	ress:
2905 PIER #3	RCE ST			
	OOD, FL 33020 US			
FEI Number	: 59-2295979 FEI Numb	er Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Current Re	gistered Agent:	Name and Addres	s of New Registered Agent:
2905 PIÉR	AWRENCE RCE ST #3 DOD, FL 33020 US			
	e named entity submits thi e of Florida.	s statement for the p	ourpose of changing its regist	ered office or registered agent, or both
in the State	e of Florida.	s statement for the p	ourpose of changing its regist	ered office or registered agent, or both
in the State	e of Florida. RE:	s statement for the process statement for th		ered office or registered agent, or both Date
in the State	e of Florida. RE:		ent	
in the State SIGNATUI OFFICER: Title: Name: Address:	e of Florida. RE: Electronic Signatu		ent	Date
in the State SIGNATUI OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electronic Signatur S AND DIRECTORS: T () Delete WOOD, LAWRENCE 2905 PIERCE ST #3	re of Registered Age	ADDITIONS/CHAI Title: Name: Address: City-St-Zip: Title: Name: ORTEG. Address: 2905 PI	Date NGES TO OFFICERS AND DIRECTO () Change () Addition (X) Change () Addition
in the State	e of Florida. RE: Electronic Signatur S AND DIRECTORS: T () Delete WOOD, LAWRENCE 2905 PIERCE ST #3 HOLLYWOOD, FL 33020 P () Delete PAU, MIRIAM 2905 PIERCE ST #4	re of Registered Age	ADDITIONS/CHAI Title: Name: Address: City-St-Zip: Title: Name: ORTEG. Address: 2905 PI	Date NGES TO OFFICERS AND DIRECTO () Change () Addition (X) Change () Addition A, JOSE ERCE ST #10

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCILLE KRUPNICK S 04/29/2005