


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 852232
 1. Entity Name
GK TECHNOLOGIES, INCORPORATED



Principal Place of Business Mailing Address
4 TESSENEER DR **4 TESSENEER DR**
HIGHLAND HEIGHTS, KY 41076 US **HIGHLAND HEIGHTS, KY 41076 US**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO KENNY, GREGORY 7756 TECUMSEH TR. CINCINNATI, OH 45243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDTA VIRGULAK, CHRISTOPHER F 8124 STARTING GATE LN CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS SIVERD, ROBERT J. 6700 ALBERLY RD. CINCINNATI, OH 45243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WHELAN, JEFFREY J 9006 PATRICKS GLEN CINCINNATI, OH 45242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



01182005 No Chg-P CR2E034 (10/03)
 4. FEI Number **13-3064555** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 134713705-80095-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey J Whelan 4.1.05 559-572-8000
 _____ Date Daytime Phone #
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR