


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 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**



01112006      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**13-3064555**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

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

**DO NOT WRITE IN THIS SPACE**

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 reconstituting)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

000000530366  
 05/05/06-80113-016 150.00

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	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:       4/17/06      859-572-800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #