

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90125 024 \*\*\*150.00

**DOCUMENT # F03000001029**

1. Entity Name  
K.D.T. OF NEVADA, INC.



Principal Place of Business

6460 MONTREUX LANE  
RENO, NV 89511

Mailing Address

POST OFFICE BOX 186  
BIG BEAR CITY, CA 92314-0186

**DO NOT WRITE IN THIS SPACE**



07012005 No Chg-P CR2E034 (10/03)

4. FEI Number  
77-0149633

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WETTACH, JOSEPH C.L. ESQ  
ZIMMERMAN SHUFFIELD KISER & SUTCLIFFE, P.A  
315 E. ROBINSON STREET, SUITE 600  
ORLANDO, FL 32801

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FORTUNE, JANICE
STREET ADDRESS	P.O. BOX <del>14184</del> 186
CITY-ST-ZIP	FRESNO, CA <del>93650-1184</del> 92314-0186 Big Bear City, Ca
TITLE	VSTD
NAME	STRACHAN, MICHELLE
STREET ADDRESS	P.O. BOX <del>14184</del> 186
CITY-ST-ZIP	FRESNO, CA <del>93650-1184</del> 92314-0186 Big Bear City, Ca
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/05

Date

(909) 585-6005

Daytime Phone #