

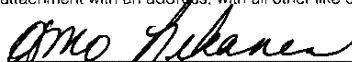


FILED
Apr 07, 2008 8:00 am
Secretary of State

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| DOCUMENT # F25932 | |  | | 04-07-2008 90036 042 ***150.00 | |
| 1. Entity Name K. K. CAR CO., INC. | | | | | |
| Principal Place of Business 917 S DIXIE HWY LAKE WORTH, FL 33460 | | | Mailing Address 917 S DIXIE HWY LAKE WORTH, FL 33460 | | |
| 2. Principal Place of Business - No P.O. Box # 929 S. Dixie Hwy | | 3. Mailing Address 929 S. Dixie Hwy | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02262008 Chg-P CR2E034 (12/06) | |
| City & State Lake Worth, FL | | City & State Lake Worth, FL | | 4. FEI Number 59-2078265 | |
| Zip 33460 | | Country USA | | Applied For Not Applicable | |
| 5. Certificate of Status Desired | | <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ALLAN PASTOR C/O PASTOR&GOLBOIS CPAS, P.A. 7700 CONGRESS AVE -STE 3107 BOCA RATON, FL 33487 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| DP SIKANEN, OSMO 917 S DIXIE HWY LAKE WORTH, FL 00000. | | | VSTD | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| ST SIKANEN,EILA 917 S DIXIE HWY LK WORTH, FL 00000. | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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| 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 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  OSMO SIKANEN, Pres 4/2/08 5615851731 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date Daytime Phone # | | | | | |