


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000001184
 1. Entity Name
 K SQUARE CONSULTING, INC.



Principal Place of Business Mailing Address
 540 WATSON DR. 540 WATSON DR.
 INDIALANTIC, FL 32903 INDIALANTIC, FL 32903

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 58-1935127 Not Applicable

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

6. Name and Address of Current Registered Agent
 KEITH, RICHARD KENT
 540 WATSON DR.
 INDIALANTIC, FL 32903

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE	CDP
NAME	KEITH, RICHARD KENT
STREET ADDRESS	540 WATSON DR.
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	VCD
NAME	KEITH, MARY HELEN
STREET ADDRESS	540 WATSON DR.
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	ST
NAME	KEITH, MARY HELEN
STREET ADDRESS	540 WATSON DR.
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	V
NAME	KEITH, JENNIFER MARIE
STREET ADDRESS	404 HILLSIDE DR
CITY-ST-ZIP	GREENSBORO, NC 27401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/20/05-80096-025 150.00

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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)(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: Richard Kent Keith Richard Kent Keith 4-19-05 321-722-0587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #