


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

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



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

Mailing Address
**540 WATSON DR.
INDIALANTIC, FL 32903**



03312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1935127 Applied For
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**

**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 reinstating) 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

10. OFFICERS AND DIRECTORS

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

U00000509847
04/28/06-80059-025 150.00

**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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R.K. Keith **R.K. Keith** **April 10, 2006** **321-722-0587**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #