

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001184

FILED
Apr 03, 2009
Secretary of State

Entity Name: K SQUARE CONSULTING, INC.

Current Principal Place of Business:

540 WATSON DR.
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

540 WATSON DR.
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 58-1935127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEITH, RICHARD KENT
540 WATSON DR.
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDP () Delete
Name: KEITH, RICHARD KENT
Address: 540 WATSON DR.
City-St-Zip: INDIALANTIC, FL 32903

Title: VCD () Delete
Name: KEITH, MARY HELEN
Address: 540 WATSON DR.
City-St-Zip: INDIALANTIC, FL 32903

Title: ST () Delete
Name: KEITH, MARY HELEN
Address: 540 WATSON DR.
City-St-Zip: INDIALANTIC, FL 32903

Title: V () Delete
Name: KEITH, JENNIFER M
Address: 208 MAY FLOWER DR.
City-St-Zip: GREENSBORO, NC 27403

Title: V () Delete
Name: HOWARD, KEITH K
Address: 14201 WOOLEN OAK CT. NO. 3
City-St-Zip: SILVER SPRING, MD 20906

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: KEITH, KENT H
Address: 14201 WOOLEN OAK CT. NO. 3
City-St-Zip: SILVER SPRING, MD 20906

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD KENT KEITH

CDP

04/03/2009

Electronic Signature of Signing Officer or Director

_____ Date