


**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90412 001 \*\*\*600.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F93000001994</b> 1. Entity Name <b>KIRKLAND HOLDINGS, LIMITED COMPANY</b>			
Principal Place of Business <b>4 COLUMBUS CENTRE, WICKHAMS CAY ROAD TOWN, TORTOLA,</b>		Mailing Address <b>801 BRICKELL AVE. 16TH FLOOR MIAMI, FL 33131</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MANSFIELD, ABDIEL AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA PISO NO.10 PANAMA 1, R D P,		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAS BROCE, BRUNILDA AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA PISO NO.10 PANAMA 1, R D P,		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZARAK DE LA GUARDIA, LUIS CARLOS AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA PISO NO.10 PANAMA 1, R D P,		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: <u><i>Mansfield</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/10/06 305-381-8340 <small>Date Daytime Phone #</small>	