


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # G44820 1. Entity Name APPLIANCE KING OF AMERICA, INC.	
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Principal Place of Business 224 NE 3RD ST BOYNTON BEACH, FL 33435 US	Mailing Address P.O. BOX 3023 DELRAY BEACH, FL 33447-3023 US
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DO NOT WRITE IN THIS SPACE



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2552855	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COSTANZO, JAMES F SR. 9183 CHIANTI CT BOYNTON BEACH, FL 33437	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>1100000249498 03/03/05-20005-011 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT COSTANZO, JAMES F. 9183 CHIANTI CT BOYNTON BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COSTANZO, DIANE R. 9183 CHIANTI CT BOYNTON BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DOVEY, DON 1911 HIGH RIDGE ROAD LAKE WORTH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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: *Diane R. Costanzo* **DIANE R. COSTANZO** *2/27/05* **561-276-4169**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #