2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # G76337 Apr 28, 2006 08:00 AN Secretary of State T. Entity Name K & K DEVELOPMENT, INC. Principal Place of Business Mailing Address 1320 8TH AVE. P.O. BOX 5716 (33675) TAMPA FL 33605 1320 8TH AVE. P.O. BOX 5716 (33675) **TAMPA FL 33605** 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2353927 Not Applicable Zio Country Ζιρ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAHANA, ALAN Street Address (P.O. Box Number is Not Acceptable) 320 BLANCA TAMPA FL 33606 City Zip Code 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 (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILL ☐ Defete HHE ☐ Change Addition NAME KAHANA, ALAN L NAME U00000543284 STREET ADDRESS 320 BLANCA STREET ADDRESS 05/10/06-80133-003 150.00 CHY-SI-ZP TAMPA FL CITY-ST-ZIP VΡ TITLE Delete Addition ☐ Change MAME CARLISLE, JAMES STREET ADDRESS 804 EAST LAKE AVENUE STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP HILE Delete ☐ Change ☐ Addition NAME HEAGEY III, R. C. NAME STREET ADDRESS 227 COLUMBIA DR. STREET ACCRESS CHY-ST-ZIP TAMPA FL CHY-ST-ZIP TITLE ☐ Defete Change TITLE ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RITLE ☐ Delete THLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CHIY-ST-ZIP CITY-ST-78P HILE Defete HILE Change Addition NAME MAME STREET ADDRESS SIBEET ADDRESS CITY ST-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR