


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # H24175 1. Entity Name KNK INVESTMENTS OF SARASOTA, INC.	
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Principal Place of Business 1301 4TH AVE. WEST, STE 300 BRADENTON, FL 34205 US	Mailing Address C/O CPA ASSOCIATES, PA 1301 -6TH AVE W-STE 600 BRADENTON, FL 34205 US
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02222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2454244	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent STATHIS, STAM 1301 -6TH AVE W- SUITE 600 BRADENTON, FL 34205
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST MCMAHON, THOMAS 4 AUSTIN PLACE GLENDALE, MO 63122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/15/05-80004-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  03/05/05 3144092733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #