2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K74060

Entity Name: 235KK, INC.

FILED Apr 20, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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711 E ALTAMONTE DR 1101 N. LAKE DESTINY ROAD ALTAMONTE SPRINGS, FL 32701 US

SUITE 300

MAITLAND, FL 32751 US

Current Mailing Address: New Mailing Address:

PO BOX 2269 PO BOX 2519

ORLANDO, FL 32802 US WINTER PARK, FL 32790 US

FEI Number: 59-1235274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

KIRCHMAN, KENNETH P., KIRCHMAN, KENNETH P Name: Name: 711 E ALTAMONTE DR 1101 N. LAKE DESTINY ROAD Address: Address:

City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: MAITLAND, FL 32751

Title: DVS (X) Delete Title: () Change () Addition

Name: DE ARMAS, NESTOR M. Name: 711 E ALTAMONTE DR Address: Address: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

LANDRUM, RACHEL Name: Name: 711 EAST ALTMORE DRIVE Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KENNETH P. KIRCHMAN DP 04/20/2005