
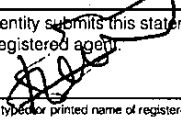
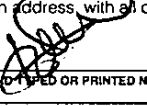


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90039 029 \*\*\*150.00

<b>DOCUMENT # K94905</b> 1. Entity Name <b>PEACE - L AND K'S, INC.</b>					
Principal Place of Business <b>PEACE FOOD STORE</b> <b>794 S TAMPA AVE</b> <b>ORLANDO, FL 32805 US</b>			Mailing Address <b>500 DEVONSHIRE BLVD</b> <b>LONGWOOD, FL 32750 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>8121 Via Bella Notte</b> Suite, Apt. #, etc.			
City & State		City & State <b>Orlando, FL</b>		4. FEI Number <b>59-2953893</b>	
Zip <b>32836</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CHONG-IL, KIM</b> <b>500 DEVONSHIRE BLVD</b> <b>LONGWOOD, FL 32750</b>				7. Name and Address of New Registered Agent Name <b>Chong-il, Kim</b> Street Address (P.O. Box Number is Not Acceptable) <b>8121 Via Bella Notte</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32836</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					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KIM, CHONG-IL</b> <b>500 DEVONSHIRE BLVD</b> <b>LONGWOOD, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Chong-il Kim</b> <b>8121 Via Bella Notte</b> <b>Orlando, FL 32836</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KIM, CHAN OK</b> <b>500 DEVONSHIRE BLVD</b> <b>LONGWOOD, FL 32750</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Chan-ok Kim</b> <b>8121 Via Bella Notte</b> <b>Orlando, FL 32836</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an other like empowered.					
<b>SIGNATURE:</b> 			<b>3/21-05</b> <b>407-353-0236</b> Date Daytime Phone #		