05/19/2004 13:49 5619945823 GRAU AND CO

FILED
May 24, 2004 8:00 am
Secretary of State
05-24-2004 90004 038 ***550.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L21273

1. Entity Name
N999KA, INC.

54055413

Principal Place of Business	Mailing Address
% JAMES DAUNCEY ~~1198 S.W. 4TH AVENUE~~ ~~BOCA RATON, FL 33432-7125~~	% JAMES DAUNCEY P O BOX 2576 EVERGREEN, CO 80437
2. Principal Place of Business: 2700 W. Cypress Creek Rd	3. Mailing Address:
Suite, Apt. #, etc.: C105	Suite, Apt. #, etc.:
City & State: FORT LAUDERDALE, FL	City & State:
Zip: 33309 Country: BROWARD	Zip: Country:

05192004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0156718 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAUNCEY, JAMES 1198 S.W. 4TH AVENUE BOCA RATON, FL 33422	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL 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.

SIGNATURE: JAMES R DAUNCEY 05-19-04
Signature, typed or printed name of registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST DAUNCEY, JAMES 1198 S.W. 4TH AVENUE BOCA RATON, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAUNCEY, JAMES 1198 S.W. 4TH AVENUE BOCA RATON, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 all other like empowered.

SIGNATURE: 05-19-04 954-978-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #