


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L28854 <small>t. Entity Name</small> K2 ENGINEERING, INC.	
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<small>Principal Place of Business</small> 7804 US HIGHWAY 301 SOUTH RIVERVIEW, FL 33569-4351 US	<small>Mailing Address</small> 7804 US HIGHWAY 301 SOUTH RIVERVIEW, FL 33569-4351 US
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01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

<small>4. FEI Number</small> 59-2977470	<small>Applied For</small> Not Applicable
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<small>5. Certificate of Status Desired</small>	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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<small>6. Name and Address of Current Registered Agent</small> KOWALSKI, AMY J. 5720 EAGLEMOUNT CIR. LITHIA, FL 33547

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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 rechartering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
<small>TITLE</small> PVT	<small>NAME</small> KOWALSKI, JOSEPH A
<small>STREET ADDRESS</small> 5720 EAGLEMOUNT CIR.	<small>CITY-ST-ZIP</small> LITHIA, FL 33547
<small>TITLE</small> S	<small>NAME</small> KOWALSKI, AMY J
<small>STREET ADDRESS</small> 5720 EAGLEMOUNT	<small>CITY-ST-ZIP</small> LITHIA, FL 33547
<small>TITLE</small> NAME	<small>STREET ADDRESS</small> CITY-ST-ZIP
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02/02/06-80046-016 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Joseph A. Kowalski **JOSEPH A. KOWALSKI** **1/23/06** **813-6770706**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #