

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 JUN 10 PM 2:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M35042

1. Entity Name
C. K. C. GROUP, INC.



Principal Place of Business
3850 NW 2ND AVENUE
#9
BOCA RATON, FL 33486

Mailing Address
7020 HALF MOON CIR
#401
HYPOLUXO, FL 33462



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06012004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2696080

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DUBINER, MICHAEL
5151 N. FLAGLER
WPB, FL 33401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 VS
NAME ALLEN, KAREN
STREET ADDRESS 7020 HALF MOON CIR, #401
CITY-ST-ZIP HYPOLUXO, FL 33462



TITLE PITS
NAME ALLEN, KAREN
STREET ADDRESS 7020 HALF MOON CIR #401
CITY-ST-ZIP HYPOLUXO, FL 33462



TITLE PT
NAME ALLEN, GARY
STREET ADDRESS 7020 HALF MOON CIR, #401
CITY-ST-ZIP HYPOLUXO, FL 33462



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
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STREET ADDRESS
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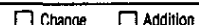
TITLE
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STREET ADDRESS
CITY-ST-ZIP



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:

Karen Allen

KAREN ALLEN

6-2-04

901-493-0228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #