

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M72413

Entity Name: KOW, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

1386 SHORELINE
GULF BREEZE, FL 32561 US

New Principal Place of Business:

252 VILLA SABINE DR.
GULF BREEZE, FL 32561 US

Current Mailing Address:

PO BOX 1090
GULF BREEZE, FL 32562 US

New Mailing Address:

FEI Number: 59-2881501 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, DAVID L
1386 SHORELINE DR
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

OWENS, DAVID L
252 VILLA SABINE DR
GULF BREEZE, FL 32561 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: DAVID L OWENS 04/26/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OWENS, DAVID L
Address: 1386 SHORELINE DR
City-St-Zip: GULF BREEZE, FL 32561

Title: DPT () Delete
Name: OWENS, MARY B
Address: 252 SABINE DR
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OWENS, DAVID L
Address: 252 VILLA SABINE DR
City-St-Zip: GULF BREEZE, FL 32561

Title: DPT (X) Change () Addition
Name: OWENS, MARY B
Address: 252 VILLA SABINE DR
City-St-Zip: GULF BREEZE, FL 32561

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: DAVID L OWENS DPT 04/26/2005

Electronic Signature of Signing Officer or Director Date