2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N00000005671

Entity Name: KING WORKS, INC.

Current Principal Place of Business:

4628 W. LEONA STREET
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

4628 W. LEONA STREET
TAMPA, FL 33629 US

New Mailing Address:

FEI Number: 59-3675393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALLAHAN, J. MICHAEL
4628 W. LEONA STREET
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CALLAHAN, J. MICHAEL
Address: 4628 W. LEONA STREET
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete
Name: SNYDER, SUZANNE
Address: 11503 LIPSEY ROAD
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete
Name: SPADA, MARK J
Address: 2305 BENDELOW TRAIL
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete
Name: FERGUSON, JEANNE
Address: 2403 SUNSET DRIVE
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete
Name: GARI, GUSTAVO DR.
Address: 2501 JETTON STREET
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE SNYDER D 04/14/2009

Electronic Signature of Signing Officer or Director — Date