2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 24, 2006 8:00 am DOCUMENT # N02000002290 **Secretary of State** 1. Entity Name 03-24-2006 90029 020 ****70.00 KING COBRA ENTERPRISE, INC. Principal Place of Business Mailing Address 109 ROSANA DRIVE 109 ROSANA DRIVE **TAMPA FL 33511 TAMPA FL 33511** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 03-0386731 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FELTON, COREY Street Address (P.O. Box Number is Not Acceptable) 109 ROSANA DRIVE TAMPA FL 33511 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable **以於「对其中國,其一所以)** FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE ☐ Change Addition FELTON, COREY NAME NAME 109 ROSANA DRIVE STREET ADDRESS STREET ADDRESS **TAMPA FL 33511** CITY - ST - ZIP CITY-ST-ZIP VD TITLE ☐ Change ☐ Addition TITLE ☐ Delete PATTY, MICHELLE NAME NAME STREET ADDRESS 109 ROSANA DRIVE STREET ADDRESS **TAMPA FL 33511** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition ROSIER, PHILLIS NAME NAME STREET ADDRESS 109 ROSANA DRIVE STREET ADDRESS 109 ROSO TAMPA FL 33511 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change_ Addition JONES, JACQUELINE NAME NAME 109 ROSANA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33511 CITY-ST-ZIP Change Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 617, 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:

on M. Kyan

3.14.06

FILED

(813) 244-0848