

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004951

FILED
Apr 29, 2006
Secretary of State

Entity Name: KNIGHTS OF THE KINGDOM, INC.

Current Principal Place of Business:

4186 MAYFAIR LANE
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

4186 MAYFAIR LANE
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THAMES, RON
4186 MAYFAIR LANE
PORT ORANGE, FL 32129 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: DC () Delete
Name: THAMES, RON
Address: 4186 MAYFAIR LANE
City-St-Zip: PORT ORANGE, FL 32129

Title: DV () Delete
Name: THAMES, FRANCES
Address: 1321 TENTH ST.
City-St-Zip: HOLLY HILL, FL 32117

Title: DST () Delete
Name: THAMES, DREMA
Address: 4186 MAYFAIR LANE
City-St-Zip: PORT ORANGE, FL 32129

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: RONALD D. THAMES

DC

04/29/2006

Electronic Signature of Signing Officer or Director

Date