

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2008  
Secretary of State**

DOCUMENT# N06000009399

Entity Name: F.K.C.S., INC.

**Current Principal Place of Business:**

3970 NW 132ND STREET  
BAY A  
MIAMI, FL 33054

**New Principal Place of Business:**

**New Mailing Address:**

8909 BEACON STREET  
FT MYERS, FL 33907

**Current Mailing Address:**

9420 FOUNTAIN MEDICAL CT.  
#101  
BONITA SPRINGS, FL 34135

FEI Number: 20-5501397      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAMSAROOP, RUDY  
3970 NW 132ND STREET  
BAY A  
MIAMI, FL 33054 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: P ( ) Delete  
Name: RAMSAROOP, RUDY  
Address: 3970 NW 132ND STREET, BAY A  
City-St-Zip: MIAMI, FL 33054

Title: S ( ) Delete  
Name: DEVINE, CHARLENE  
Address: 8909 BEACON STREET  
City-St-Zip: FT. MYERS, FL 33907

Title: T ( ) Delete  
Name: BRYAN, DUANE  
Address: 10070 WINCHESTER WOOD  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: DEVINE, JOHN  
Address: 8909 BEACON ST  
City-St-Zip: FT MYERS, FL 33907

Title: D ( ) Delete  
Name: MCKEAGE, JAY  
Address: 6012 61ST CT EAST  
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete  
Name: EVANS, VICTOR  
Address: 10360 SW 112 ST  
City-St-Zip: MIAMI, FL 33176

**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: D (X) Change ( ) Addition  
Name: KOVI, TODD  
Address: 13950 66 ST. N.  
City-St-Zip: WEST PALM, FL 33412

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: C DUANE BRYAN

T

04/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date