


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 27, 2006 8:00 am**  
**Secretary of State**

06-27-2006 90035 039 \*\*\*\*61.25

<b>DOCUMENT # N37779</b>							
1. Entity Name FLORIDA TOKEN KAI, INC.							
Principal Place of Business C/O CARL M. HALL 17120 GULF BOULEVARD NORTH REDINGTON BEACH, FL 33708			Mailing Address C/O CARL M. HALL 17120 GULF BOULEVARD NORTH REDINGTON BEACH, FL 33708				
2. Principal Place of Business		3. Mailing Address		06222006 Chg-NP CR2E037 (4/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-3018392	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HALL, CARL M. 17120 GULF BOULEVARD NORTH REDINGTON BEACH, FL 33708			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	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) DATE _____							
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	HALL, CARL M.	NAME					
STREET ADDRESS	17120 GULF BOULEVARD	STREET ADDRESS					
CITY-ST-ZIP	N.REDINGTON BEACH, FL	CITY-ST-ZIP					
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	HOSTLER, KEITH	NAME	VD HOSTLER, KEITH				
STREET ADDRESS	133 LAKE THOMAS DR.	STREET ADDRESS	510 Alleria Ct.				
CITY-ST-ZIP	WINTER HAVEN, FL	CITY-ST-ZIP	AUBURNDALE, FL 33823				
TITLE	TDP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BAXLEY, TROY	NAME					
STREET ADDRESS	807 SOUTH EDISON	STREET ADDRESS					
CITY-ST-ZIP	TAMPA, FL	CITY-ST-ZIP					
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	PLANTAMURA, WILLIAM	NAME					
STREET ADDRESS	7476 132ND WAY NORTH	STREET ADDRESS					
CITY-ST-ZIP	SEMINOLE, FL	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BAXLEY, PRICELLA	NAME	D BAXLEY, PRISCILLA				
STREET ADDRESS	807 SOUTH EDISON	STREET ADDRESS	807 SOUTH EDISON AVE.				
CITY-ST-ZIP	TAMPA, FL	CITY-ST-ZIP	TAMPA, FL 33606				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Troy Baxley</u> TROY BAXLEY				Date: June 22, 2006 (813) 251-6287			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			