



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90509 040 \*\*\*150.00

<b>DOCUMENT # P00000022871</b>						
<b>1. Entity Name</b> KDAR ENTERPRISES, INC.						
<b>Principal Place of Business</b> P.O. BOX 681118 ORLANDO, FL 32868			<b>Mailing Address</b> P.O. BOX 681118 ORLANDO, FL 32868			
<b>2. Principal Place of Business</b> 4601 HARNESS COURT Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.				
<b>City &amp; State</b> ORLANDO FL.		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-3633470		
<b>Zip</b> 32818		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> HAYLES, KIRK-DEAN 2715 WOODBRIDGE LANE ORLANDO, FL 32808				<b>7. Name and Address of New Registered Agent</b> Name: HAYLES, KIRK-DEAN Street Address (P.O. Box Number is Not Acceptable): 4601 HARNESS COURT City: ORLANDO FL Zip Code: 32818		
<b>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.</b> SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> HAYLES, KIRK-DEAN P.O. BOX 681118 ORLANDO, FL 32868		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P-V.P. T</b> HAYLES, KIRK-DEAN P.O. BOX 681118 ORLANDO, FL 32868	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP</b> HAYLES, DAHLIA 7803 WILLOW POINT DR. FALLS CHURCH, VA 22042		<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> HAYLES, LENS WORTH 6757 POMERAY CIR. ORLANDO, FL 32810		<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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.</b>						
<b>SIGNATURE:</b>  <b>KIRK-DEAN HAYLES</b> <b>4/28/05</b> <b>407-402-2026</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						