

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90029 048 ***158.75

DOCUMENT # P00000043059 1. Entity Name KBULL OPERATIONS, INC.			
Principal Place of Business 10029 CAERK BLUFF DRIVE 10029 CAERK BLUFF DRIVE RIVERVIEW, FL 33569 - 7561		Mailing Address 11906 DAVIS ROAD TAMPA, FL 33637	
2. Principal Place of Business 10029 CREEK BLUFF DRIVE		3. Mailing Address 10029 CREEK BLUFF DRIVE	
Suite, Apt. #, etc. DRIVE		Suite, Apt. #, etc. DRIVE	
City & State RIVERVIEW, FL		City & State RIVERVIEW, FL	
Zip 33569-7561 Country USA		Zip 33569-7561 Country USA	
4. FEI Number 59-3642747		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132		7. Name and Address of New Registered Agent 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 reinstalling) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MCGUINN, PERRY K 10029 CAERK BLUFF DRIVE TAMPA, FL 33637	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCGUINN, VICTORIA J 10029 CAERK BLUFF DRIVE RIVERVIEW, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	10029 CREEK BLUFF DRIVE RIVERVIEW, FL 33569-7561	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	10029 CREEK BLUFF DRIVE RIVERVIEW, FL 33569-7561	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	10029 CREEK BLUFF DRIVE RIVERVIEW, FL 33569-7561	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.			
SIGNATURE: <u>Perry K. McGuinn</u> / PERRY K. MCGUINN <u>2/6/2006</u> <u>(813) 477-6164</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			