2006 FOR PROFIT CORPORATION . * ANNUAL REPORT

Apr 17, 2006 08:00 AN Secretary of State DOCUMENT # P00000056084 L K D ENTERPRISES, INC. Principal Place of Business Mailing Address 920 SE 5TH AVE. 920 SE 5TH AVE. POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 No Chg-P 02222006 GR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1011553 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SUGG, RONALD DO NOT WRITE 920 SE 5TH AVE. POMPANO BEACH, FL 33060 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5,00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees U00000511929^M OFFICERS AND DIRECTORS 10. 04/29/06-80071-004 150.00^M TD TITLE SUGG, RONALD NAME STREET ADDRESS 920 SE 5TH AVE. CITY-ST-ZIP POMPANO BEACH, FL 33060 TITLE NAME STREET ADDRESS CITY-ST-ZIP RIBE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with set other like empowered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4-13-06 520-3368

Daytime Phone #

FILED