2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# P00000069314

Entity Name: K-ONE INVESTIGATIONS INC.

Current Principal Place of Business:

POST OFFICE BOX 698
SAFETY HARBOR, FL 34695

New Principal Place of Business:

17722 US 19 N
CLEARWATER, FL 33764

Current Mailing Address:

POST OFFICE BOX 698
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 59-3662328 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRONSCHNABL, ALAN M
17722 US 19 N
CLEARWATER, FL 33764 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KRONSCHNABL, ALAN M
Address: PO BOX 698
City-St-Zip: SAFETY HARBOR, FL 34695

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: POST, CAROLE
Address: PO BOX 698
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Change (X) Addition
Name: KRONSCHNABL, DEREK
Address: PO BOX 698
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Change (X) Addition
Name: KRONSCHNABL, BRIAN
Address: PO BOX 698
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN M. KRONSCHNABL P 01/12/2005

Electronic Signature of Signing Officer or Director — Date