



# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

06 AUG 23 PM 4: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P00000073925</b> 1. Entity Name <b>NEEKA'S INC.</b>					
Principal Place of Business <b>2908 S. HOPKINS AVE.</b> <b>TITUSVILLE, FL 32780 US</b>			Mailing Address <b>6785 SONG DRIVE</b> <b>COCOA, FL 32927</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>6110 Stillwater Avenue</b> Suite, Apt. #, etc.			
City & State -		City & State <b>Cocoa, Fl.</b>			
Zip -		Country <b>U.S.</b>			
4. FEI Number <b>59-3666456</b>		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ALFORD, NEEKA A</b> <b>6785 SONG DRIVE</b> <b>COCOA, FL 32927</b>		7. Name and Address of New Registered Agent Name: <b>Barlowe, Steven M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6110 Stillwater Avenue</b> City: <b>Cocoa</b> <b>FL</b> Zip Code: <b>32927</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. SIGNATURE: <u>Steven M. Barlowe</u> <b>Steven M. Barlowe, President</b> <b>8-17-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <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>		
TITLE <b>D</b> NAME <b>ALFORD, NEEKA A</b> STREET ADDRESS <b>6785 SONG DRIVE</b> CITY-ST-ZIP <b>COCOA, FL 32927</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>PTD</b> NAME <b>Barlowe, Steven M.</b> STREET ADDRESS <b>6110 Stillwater Avenue</b> CITY-ST-ZIP <b>Cocoa, FL 32927</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>Steven M. Barlowe</u> <b>Steven M. Barlowe, President</b> <b>8-17-06</b> <b>(321)863-3927</b> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>					

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GT