


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2005 8:00 am
Secretary of State

04-15-2005 90080 018 ***150.00

DOCUMENT # P01000011865

1. Entity Name
PJK HOLDINGS, INC.



Principal Place of Business
**6206 WILDWOOD LANE
BURR RIDGE, IL 60527**

Mailing Address
~~**6206 WILDWOOD LANE
BURR RIDGE, IL 60527**~~

66016870



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
585 N.W. 2ND AVE
Suite, Apt. #, etc.

03212005 Chg-P CR2E034 (10/03)

City & State
DELRAY BEACH FL

Zip
33444

Country
USA

4. FEI Number
65-1075913

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BANISTER, JONALD KAVOORAS, PETER
**6206 WILDWOOD LANE
BURR RIDGE, IL 60527**

7. Name and Address of New Registered Agent
Name
PETER KAVOORAS

Street Address (P.O. Box Number is Not Acceptable)
~~**585**~~

585 N.W. 2ND AVE.

City
DELRAY BEACH FL Zip Code
33444

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: Peter Kavooras Peter Kavooras 5/19/05
Signature, typed or printed name of registered agents and title if applicable (NOTE: Registered Agent signature required when resigning) Date

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KAVOORAS, PETER | |
| STREET ADDRESS | 6206 WILDWOOD LANE | |
| CITY - ST - ZIP | BURR RIDGE, IL 60527 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KAVOORAS, KATINA S | |
| STREET ADDRESS | 6206 WILDWOOD LANE | |
| CITY - ST - ZIP | BURR RIDGE, IL 60527 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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.

SIGNATURE: Peter Kavooras Peter J. Kavooras 4/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #