


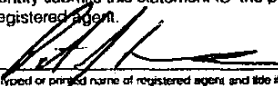

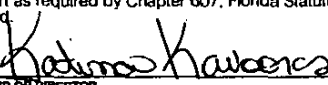
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90013 040 ***150.00

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DOCUMENT # P01000011865			
1. Entity Name PJK HOLDINGS, INC.		Principal Place of Business 736 HARBOUR ISLES WAY NORTH PALM BEACH, FL 33410	
Mailing Address 585 NW 2ND AVE. DELRAY BEACH, FL 33444		2. Principal Place of Business 585 NW 2 ND AVE	
3. Mailing Address Suite, Apt. #, etc.		City & State DELRAY BEACH, FL	
4. FEI Number 65-1075913		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent KAKORAS, PETER 858 NW 2ND AVE. DELRAY BEACH, FL 33444	
7. Name and Address of New Registered Agent Name: KAVOORAS, PETER Street Address (P.O. Box Number is Not Acceptable): 585 NW 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: 		DATE: 2/23/06	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D <input type="checkbox"/> Delete	NAME: KAVOORAS, PETER	TITLE: DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: KAVOORAS, PETER
STREET ADDRESS: 736 HARBOUR ISLES WAY	CITY-ST-ZIP: NORTH PALM BEACH, FL 33410	STREET ADDRESS: 6206 WILLOWOOD LANE	CITY-ST-ZIP: BURN RIDGE, IL 60527
TITLE: D <input type="checkbox"/> Delete	NAME: KAVOORAS, KATINA S	TITLE: DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: KAVOORAS, KATINA S
STREET ADDRESS: 736 HARBOUR ISLES WAY	CITY-ST-ZIP: NORTH PALM BEACH, FL 33410	STREET ADDRESS: 6206 WILLOWOOD LANE	CITY-ST-ZIP: BURN RIDGE, IL 60527
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	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 all other like empowered.			
SIGNATURE: 		DATE: 2/23/06	
SIGNATURE: 		DATE: 2/23/06	