2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2006 08:00 AM Socretary of State

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Date

S. Name and Address of Gurrant Registered Agent CARR, KEVIN 5912 RICHARD PLACE SARASOTA, FL 34231 S. The above named entity submits this attainment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (em familier with, and ecce the obligations of registered agent.) SIGNATURE FILE NOW/III FEE IS \$130,00 ARE May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS TITLE NOW. SIREET ADDRESS DITY-ST-2P TITLE NOW. SIRET ADDRESS	DOCUMENT # P0100043518 1. Entity Name K-TEC, INC. Principal Place of Business Mailing Address	Secretary of State	
DO NOT WRITE IN THIS SPACE Criticale of Status Desired Applied For 65-1095956 Not Applied For 86-1095956 Not Applied For 86			
CARR, KEVIN S912 RICHARD PLACE SARASOTA, FL 34231 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. (am familiar with, and ecce the obligations of registered agent. SIGNATURE Signature, hyper or protect name of registered agent and the Apphrative FILE NOWITE FEE IS \$150,00 ARE May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MAKE NAME SIREET ADDRESS CITY-51-2P TITLE ITTLE MAKE SIREET ADDRESS CITY-51-2P THE NAME SIREET ADDRESS CITY-51-2P THE SIRET ADDRESS CITY-51-2P THE SIRTER ADDRESS CITY-51-2P THE		CE 4. FEI Number Applied For 65-1098956 Not Applied by Status Desired \$8.75 Additional	
the obligations of registered agent. Signature: Speed or printed name of registered agent and little A applicable (NOTE: Registered Agent signature required when retristantly) PILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Committee in Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NA	CARR, KEVIN 5912 RICHARD PLACE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ITITLE NAME CARR, KEVIN SIREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstamp) DATE		
TITLE NAME SIREET ADDRESS CITY - ST - ZIP TITLE NAME SIREET ADDRESS CITY - ST - ZIP TITLE NAME SIREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME NAME IN THIS SPACE	After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.	incino \$5.00 May Be 03/16/06-80042-006 150.00	
ITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP 12. I hereby certify that the information supplied with this filling 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 affect as if made under path, that I am an officer or direct of the corporation or the receiver or trustee experiencement report as report es required by Chapter 607, Florida Statutes; and that my name experience in Block 10 or Block 11 changed, or on an attachment with ex-adgress, with all other like empowered.	TITLE NAME SIREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE	

SIGNATURE AND TYPED DR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR