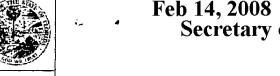
2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # P01000052763 1. Entity Name KTEK INTERNATIONAL CORPORATION Principal Place of Business Mailing Address

FILED Feb 14, 2008 08:00 AM Secretary of State



				600 mg (6)	1				
Principal Place of Business 2536 COUNTRYSIDE BLVD, SUITE 200 CLEARWATER FL 33763		2536 C	Mailing Arderess 2536 COUNTRYSIDE BLVD, SUITE 200 CLEARWATER FL 33763						
2. Principal F	Place of Business - No P.O. Bo	0x# 3. Mailin	g Address			((1001			
Suite. Apt. #, etc.		Suite.	Suite Apt. #, etc			st MOORE CR2E0	34 (10/07)		
City & State		Спу &	City & State			4. FEI Number 59-3712907 Applied For Not Applicable			
Zıp	Country	Ζίρ	С	Country	5. Certificat	e of Status Desired	\$8.75 Ac	ditional	
6. Name and Address of Current Reg			Agent		7. Name an	d Address of New Registere	d Agent		
				Name	Name				
253	RING, KIMBERLY K 6 COUNTRYSIDE BLY	/D, SUITE 200		Street Address (P.O. Box Number is Not Acceptable)					
CLE	ARWATER FL 33763								
				City		F	Zip Cod	de	
8. The above the obliga	named entity submits this sta ions of registered agent.	tement for the purpos	e of changing its regis	stered office or regis	stered agent, or b	oth, in the State of Florida. Ta	m familiar with	and accept	
SIGNATURE	Signature, typed or printed (lamb of rug)	Jarod agent and tals if applica	ocio. (NOTE Regi	sirried Ageni e gnetum requ	iiff© න්වෙත (වස්පර්ධ[ස්ථු)	DAT	E.	 !	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					*	9. Election Campaign Fina		.00 May Be	
10. "	OFFICE	RS AND DIRECTORS		11.	ADDITIONS	CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 11	
TITLE	CEO			DILE .		. ,	☐ Change	☐ Addition	
NAME	DURING, KIMBERLY K			NAME		•		_	
	f "			STREET ADDRESS		(30000082693	A .		
CITY-ST-ZIP CLEARWATER FL 33763				City-St-Zip		02/21/08-80070	<u>-</u> 014 150	.00	
	OLLANIVATENTE 33703								
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STREET ADDRESS			- 4	STREET ADDRESS					
CITY ST-ZIP	The Property of the Company of the C	,		CITY · ST - ZIP			, .;	٠.	
12. I hereby	certify that the information suc	polied with this filing of	<u> </u>		ned in Section 11	19. Florida Statutes further o			

12. Hereby certify that the information subplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes | 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: ____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08

Daysina Phone #