

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061311

FILED  
Mar 26, 2005  
Secretary of State

Entity Name: KESEAS CORP.

## Current Principal Place of Business:

1629 SE 41ST ST  
CAPE CORAL, FL 33904 US

## New Principal Place of Business:

## Current Mailing Address:

1438 S.E. 12TH TERRACE  
CAPE CORAL, FL 33990 US

## New Mailing Address:

1629 SE 41ST STREET  
CAPE CORAL, FL 33904 US

FEI Number: 65-1116364

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JAENSCH, P. CHRISTOPHER  
2198 MAIN STREET  
SARASOTA, FL 34237 US

## Name and Address of New Registered Agent:

ALLURE ACCOUNTING INC  
2800 SPANISH WELLS BOULEVARD  
BONITA SPRINGS, FL 34135 US

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.

SIGNATURE: M LOEFFLER

03/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: VETTER, UWE  
Address: 1438 S.E. 12TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: P ( ) Delete  
Name: LECHNER, SIGRID DR.  
Address: SCHLIENFENBERG 61, 85276  
City-St-Zip: PFAFFERNHOFEN, G US

Title: ST ( ) Delete  
Name: ZINKE, STEFANIE  
Address: 708 VICTORIA DR. #202  
City-St-Zip: CAPE CORAL, FL 33904

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: ZINKE, JOACHIM  
Address: 1629 SE 41ST STREET  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: P (X) Change ( ) Addition  
Name: LECHNER, SIGRID DR.  
Address: SCHLEIFERBERG 61  
City-St-Zip: PFAFFERNHOFEN, G 85276 DE

Title: ST (X) Change ( ) Addition  
Name: ZINKE, STEFANIE  
Address: 1629 SE 41ST STREET  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGRID LECHNER

P

03/26/2005

Electronic Signature of Signing Officer or Director

Date