


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P01000079227 1. Entity Name C. K. CONSULTING, INC. |  |
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|---|---|
| Principal Place of Business PO BOX 3174 PONTE VEDRA BEACH, FL 32004 | Mailing Address PO BOX 3174 PONTE VEDRA BEACH, FL 32004 |
|---|---|

DO NOT WRITE IN THIS SPACE



02212007 No Chg-P CR2E034 (11/05)

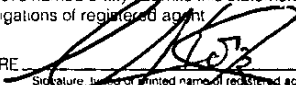
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|--|-------------------------------|
| 4. FEI Number 59-3738154 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

KOTZE, CHRISTIAAN H
608 MILLERS DAM CT.
PONTE VEDRA BEACH, FL 32082

**DO NOT WRITE
IN THIS SPACE**

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 03/05/2007

Signature, last name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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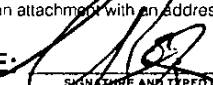
10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT KOTZE, CHRISTIAAN H PO BOX 3174 PONTE VEDRA BEACH, FL 32004 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS KOTZE, DINA E PO BOX 3174 PONTE VEDRA BEACH, FL 32004 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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03/16/07-80031-009 150.00

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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:  CHRISTIAAN H KOTZE' DATE 03/05/2007 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR