
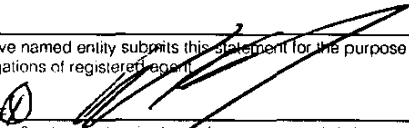


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90032 007 ***150.00

DOCUMENT # P01000102466 1. Entity Name WKM CORPORATION			
Principal Place of Business 2263 NW BOCA RATON BLVD SUITE 103 BOCA RATON, FL 33431		Mailing Address PO BOX 1694 BOCA RATON, FL 33429	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 102 NE 2nd St. Suite 270	
City & State Zip		City & State Zip	
Country		Country	
33432		Palm Beach	
6. Name and Address of Current Registered Agent W. KEITH MASON 102 NE 2ND STREET #200 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name W. Keith Mason Street Address (P.O. Box Number is Not Acceptable) 102 NE 2nd Street Suite 270 City Boca Raton	
State FL		Zip Code 33432	
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: 1-31-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P W. KEITH MASON 12 NE 2ND ST #200 102 NE 2nd St. #270 BOCA RATON, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: 1-31-05 Daytime Phone #: 5613471966	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	