

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003705

Entity Name: DKO STRATEGIES, INC.

FILED
Jan 30, 2005
Secretary of State

Current Principal Place of Business:

PO BOX 14-0164
CORAL GABLES, FL 331140164

New Principal Place of Business:

Current Mailing Address:

PO BOX 14-0164
CORAL GABLES, FL 331140164

New Mailing Address:

FEI Number: 01-0583678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEKAY, GARY E
PO BOX 14-0164
CORAL GABLES, FL 331140164 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEKAY, GARY E
Address: 430 VILABELLA AVE PO BOX 14-0164
City-St-Zip: CORAL GABLES, FL 33114

Title: D () Delete
Name: OTTINGER, PAUL R
Address: 4308 DIAMOND TERR.
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: OTTINGER, PAUL R
Address: 770 SUNRISE CIRCLE
City-St-Zip: WOODLAND PARK, CO 80863

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: GARY E. DEKAY

MR

01/30/2005

Electronic Signature of Signing Officer or Director

Date