2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2008 08:00 AM Secretary of State **DOCUMENT # P02000006169** 1. Entity Name KKPŚ, INC. Principal Place of Business Mailing Address 112 S. MAGNOLIA AVENUE 112 S. MAGNOLIA AVENUE TAMPA, FL 33606 **TAMPA, FL 33606** CR2E034 (11/05) No Chg-P 01072008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 74-3026816 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE JOHNSON, PAUL B 112 S. MAGNOLIA AVENUE TAMPA, FL 33606 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, Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) rancia e istica Engalaris, ca 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box 4. After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE JOHNSON, PAUL B NAME 1 112 S. MAGNOLIA AVENUE STREET ADDRESS TAMPA, FL 33606 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME . STREET ADDRESS CITY-ST-7/P >-

FILED