2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED May 01, 2006 08:00 Al DOCUMENT # P02000022522 **Secretary of State** K&A BUILDERS, INC. Mailing Address Principal Place of Business 2921 NICHOLAS LANE 2921 NICHOLAS LANE APOPKA, FL 32703 APOPKA, FL 32703 CR2E034 (11/05) 04252006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0619065 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SW 22ND ST. 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 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 size if applicable (NOTE: Registered Agent signature required when reinstaling) 1000000558344 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 05/17/06-80006-005 150.00 After May 1, 2006 Fee will be \$550.00 10, OFFICERS AND DIRECTORS TITLE NAME GABLE, KEVIN D 2921 NICHOLAS LANE STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32703 MLE GABLE, APRIL L NAME STREET ADDRESS 2921 NICHOLAS LANE CITY-ST-ZIP APOPKA, FL 32703 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the region of 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 chapter do not not appear the property with an extensive and the property of the property with an extensive and the property of the property with an extensive and the property of the property with an extensive and the property of the property with an extensive and the property of the property with an extensive and the property of the property with an extensive and the property of the property of

NO OFFICER OR DIRECTOR

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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