

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059348

FILED
Jan 06, 2006
Secretary of State

Entity Name: K. FLORIDA, INC.

Current Principal Place of Business:

7000 W PALMETTO PARK RD STE 203
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

7000 W PALMETTO PARK RD STE 203
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 48-1261906 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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: SVPS () Delete
Name: ASHENFELTER, MARIA S
Address: 7000 W PALMETTO PARK RD STE 203
City-St-Zip: BOCA RATON, FL 33433

Title: PRES () Delete
Name: COMBS, GREGORY
Address: 7000 W PALMETTO PARK RD STE 203
City-St-Zip: BOCA RATON, FL 33433

Title: CHRM () Delete
Name: KONOVER, SIMON
Address: 7000 W PALMETTO PARK RD STE 203
City-St-Zip: BOCA RATON, FL 33433

Title: TRAS () Delete
Name: MIRRIONE, KRISTEN M
Address: 7000 W PALMETTO PARK RD STE 203
City-St-Zip: BOCA RATON, FL 33433

Title: EVP () Delete
Name: COPPA, DAVID
Address: 7000 W PALMETTO PARK RD STE 203
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TRAS (X) Change () Addition
Name: VACANT,
Address: 7000 W PALMETTO PARK RD STE 203
City-St-Zip: BOCA RATON, FL 33433

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: GREGORY COMBS

PRES

01/06/2006

Electronic Signature of Signing Officer or Director

_____ Date