


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000092319
1. Entity Name
K3T, INC.



Principal Place of Business Mailing Address
379 GLENBROOK DRIVE 379 GLENBROOK DRIVE
ATLANTIS, FL 33462 ATLANTIS, FL 33462

DO NOT WRITE IN THIS SPACE



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0422846	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

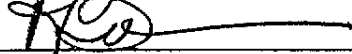
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BOHANNON, KENNETH 379 GLENBROOK DRIVE ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BOHANNON, KYLE 379 GLENBROOK DRIVE ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PASTMAN, NADEEN 379 GLENBROOK DRIVE ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BOHANNON, TARA 379 GLENBROOK DRIVE ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000274558
03/24/05-80016-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  3-15-05 561-23-0842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #