2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000126212

5475 W ATLANTIC BLVD

MARGATE, FL 33063

Address: City-St-Zip:

Entity Name: O.B. KING, CORP.

FILED Apr 28, 2006 Secretary of State

•							
Current Principal Place of Business:				New Principal Place of Business:			
19195 MYSTIQUE POINT DRIVE #2205 MIAMI, FL 33180				19195 MYSTIC POINTE DRIVE #2205 MIAMI, FL 33180			
Current M	lailing Add	ress:	New I	New Mailing Address:			
19195 MYSTIQUE POINT DRIVE #2205 MIAMI, FL 33180				19195 MYSTIC POINTE DRIVE #2205 MIAMI, FL 33180			
FEI Number:	82-0574440	FEI Number Applied For ()	FEI Number Not	Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CESAR, C 19195 MYS MIAMI, FL	STIQUE PO	INT DRIVE #2205 IS					
	named enti e of Florida.	ty submits this statement for th	ne purpose of chang	jing its registere	d office or registered agent, or	both,	
SIGNATU							
	Elect	ronic Signature of Registered	Agent		Date		
Election Car	npaign Finan	cing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD CESAR, OS 19195 MYS MIAMI, FL 3	TIQUE POINT DRIVE #2205	Title: Name: Addres: City-St-	s: 19195 MYS	TIQUE POINT DRIVE #2205		
Title: Name: Address: City-St-Zip:	D SWADKINS 19195 MYS AVENTURA,	TIC POINTE DR #2205	Title: Name: Addres: City-St-		() Change () Addition		
Title: Name:	VD SWADKINS	() Delete , BRIAN	Title: Name:	D SWADKINS	(X) Change()Addition , BRIAN		

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.

Address:

City-St-Zip:

5475 W ATLANTIC BLVD

MARGATE, FL 33063

SIGNATURE: BRIAN SWADKINS D 04/28/2006