

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008683

Entity Name: KINGKOBRA SYSTEMS INC.

FILED
Jul 05, 2005
Secretary of State

Current Principal Place of Business:

PO BOX 772291
OCALA, FL 34477

New Principal Place of Business:

Current Mailing Address:

PO BOX 772291
OCALA, FL 34477

New Mailing Address:

FEI Number: 16-1650738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONES, CHENJERAI G PRES
851 SW 117TH CT.
OCALA, FL 34481 US

Name and Address of New Registered Agent:

BONES, CHENJERAI G PRES
1515 EAST SILVER SPRINGS BLVD
SUITE 139
OCALA, FL 34470 US

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: CHENJERAI G. BONES

07/05/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BONES, CHENJERAI G PRES
Address: 851 SW 117TH CT
City-St-Zip: OCALA, FL 34481 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BONES, CHENJERAI G PRES
Address: P.O. BOX 772291
City-St-Zip: OCALA, FL 34477 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHENJERAI G. BONES

PRES

07/05/2005

Electronic Signature of Signing Officer or Director

Date