


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90085 041 ***150.00

DOCUMENT # P03000063975	
1. Entity Name SPECIAL K GROUNDED, INC	

Principal Place of Business 9645 BAYMEADOWS RD APT 742 JACKSONVILLE, FL 32256	Mailing Address 9645 BAYMEADOWS RD APT 742 JACKSONVILLE, FL 32256
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03032004 Chg-P CR2E034 (10/03)



2. Principal Place of Business 3744 PIZARRO ROAD		3. Mailing Address 3744 PIZARRO ROAD	
Suite, Apt. #, etc. JACKSONVILLE FL		Suite, Apt. #, etc.	
City & State FLORIDA		City & State JACKSONVILLE FLORIDA	
Zip 32217	Country USA	Zip 32217	Country USA

03032004 Chg-P CR2E034 (10/03)

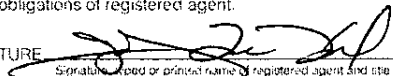
4. FEI Number 42-1601006	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KAPLAN, JUDYL 9645 BAYMEADOWS RD APT 742 JACKSONVILLE, FL 32256 3744 PIZARRO ROAD JACKSONVILLE FL 32217	
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7. Name and Address of New Registered Agent Name JUDY LEE KAPLAN Street Address (P.O. Box Number is Not Acceptable) 3744 PIZARRO ROAD City JACKSONVILLE FL Zip Code 32217	
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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  DATE **3-20-04**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAPLAN, JUDY L 9645 BAYMEADOWS RD APT 742 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUDY LEE KAPLAN 3744 PIZARRO JACKSONVILLE FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **3-20-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR