2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000067367

Entity Name: K & K CAPITAL GROUP, INC.

FILED Feb 02, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13751 CLUB COVE DR 1895 CORPORATE SQUARE BLVD. #5

JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32216

Current Mailing Address: New Mailing Address:

13751 CLUB COVE DR 1895 CORPORATE SQUARE BLVD. #5

JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32216

FEI Number: 03-0521188 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:

TOVEY, KIRK
13751 CLUB COVE DR
TOVEY, KIRK
1895 CORPORA

13751 ĆLUB COVE DR 1895 CÓRPORATE SQUARE BLVD. #5 JACKSONVILLE, FL 32225 US JACKSONVILLE, FL 32216 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: 02/02/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: TOVEY, KIRK A Name: TOVEY, KIRK A
Address: 13751 CLUB COVE DR Address: 1895 CORPORATE SQUARE BLVD. #5

City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32216

Title: TSD () Delete Title: TSD (X) Change () Addition

Name: TOVEY, KAREN M Name: TOVEY, KAREN M

Address: 13751 CLUB COVE DR Address: 1895 CORPORATE SQUARE BLVD. #5

City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32216

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: KIRK A TOVEY PD 02/02/2005