


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000068986
 1. Entity Name
 KIMIAN'S ART II, INC.



Principal Place of Business Mailing Address
 22746 PRIVATEER DRIVE PO BOX 420022
 CUDJOE KEY, FL 33042 SUMMERLAND KEY, FL 33042

DO NOT WRITE IN THIS SPACE



03262005 No Chg-P CR2E034 (10/03)

4. FEI Number 32-0080363 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WORKMAN, KIM
 22746 PRIVATEER DRIVE
 CUDJOE KEY, FL 33042

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

1000000287636
 04/04/05-80077-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WORKMAN, KIM A
STREET ADDRESS	PO BOX 420022
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042
TITLE	D
NAME	WORKMAN, IAN K
STREET ADDRESS	PO BOX 420022
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042
TITLE	D
NAME	LA FORCE, REGINA K
STREET ADDRESS	12275 JACKSON LANE
CITY-ST-ZIP	GRAND BAY, AL 36541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Kim Workman 04/01/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #