

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068986

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: KIMIAN'S ART II, INC.

**Current Principal Place of Business:**

22746 PRIVATEER DRIVE  
CUDJOE KEY, FL 33042

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 420022  
SUMMERLAND KEY, FL 33042

**New Mailing Address:**

FEI Number: 32-0080363      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WORKMAN, KIM  
22746 PRIVATEER DRIVE  
CUDJOE KEY, FL 33042      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: WORKMAN, KIM A  
Address: PO BOX 420022  
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: D      ( ) Delete  
Name: WORKMAN, IAN K  
Address: PO BOX 420022  
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: D      ( ) Delete  
Name: LA FORCE, REGINA K  
Address: 12275 JACKSON LANE  
City-St-Zip: GRAND BAY, AL 36541

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: KIM A WORKMAN

PRES

04/19/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date