2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006
Secretary of State

DOCUMENT# P03000082073

Entity Name: TEKK ENTERPRISES, INC.

Current Principal Place of Business:

145 E. HOFFMAN ST.
LAKE ALFRED, FL 33850

New Principal Place of Business:

Current Mailing Address:

145 E. HOFFMAN ST.
LAKE ALFRED, FL 33850

New Mailing Address:

FEI Number: 20-0113136 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LETTS, THOMAS M III
145 E. HOFFMAN ST.
LAKE ALFRED, FL 33850 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

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: P ( ) Delete
Name: LETTS, THOMAS M III
Address: 145 E. HOFFMAN ST.
City-St-Zip: LAKE ALFRED, FL 33850

Title: T ( ) Delete
Name: LETTS, EVELYN E
Address: 145 E. HOFFMAN ST.
City-St-Zip: LAKE ALFRED, FL 33850

Title: S ( ) Delete
Name: LETTS BOYD, KATHERIN E
Address: 350 24TH ST. NW APT N104
City-St-Zip: WINTER HAVEN, FL 33880

Title: V ( ) Delete
Name: BOYD, WILLIAM K
Address: 350 24TH ST. NW APT N104
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: LETTS BOYD, KATHERIN E
Address: 135 E. HOFFMAN ST.
City-St-Zip: LAKE ALFRED, FL 33850

Title: V (X) Change ( ) Addition
Name: BOYD, WILLIAM K
Address: 135 E. HOFFMAN ST.
City-St-Zip: LAKE ALFRED, FL 33850

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: EVELYN E. LETTS TR 05/03/2006

Electronic Signature of Signing Officer or Director Date