


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000085763**

1. Entity Name  
KA WORLDWIDE, INC.



Principal Place of Business      Mailing Address

33101 EQUESTRIAN TRAIL      33101 EQUESTRIAN TRAIL  
SORRENTO, FL 32776      SORRENTO, FL 32776

**DO NOT WRITE IN THIS SPACE**



02062006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
20-0132675      Not Applicable

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

5. Name and Address of Current Registered Agent

BLIZNAKOFF, KATHLEEN  
33101 EQUESTRIAN TRAIL  
SORRENTO, FL 32776

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when relating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BLIZNAKOFF, KATHLEEN
STREET ADDRESS	33101 EQUESTRIAN TRAIL
CITY-ST-ZIP	SORRENTO, FL 32776
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/06-80072-019 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Kathleen Bliznakoff      KATHLEEN BLIZNAKOFF      4/4/06      352-978-1788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #