


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90243 038 ***150.00

DOCUMENT # P03000122143	
1. Entity Name K.F.A. ENTERPRISES, INC.	

Principal Place of Business 7907 NW 19TH STREET MARGATE, FL 33063 US	Mailing Address 7907 NW 19TH STREET MARGATE, FL 33063 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04072007 Chg-P CR2E034 (12/06)

4. FEI Number 56-2409330	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALBERTSON, KATRINA F 7907 NW 19TH STREET MARGATE, FL 33063	
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7. Name and Address of New Registered Agent	
Name DAVID A. ALBERTSON	
Street Address (P.O. Box Number is Not Acceptable) 7907 NW 19TH STREET	
City MARGATE	FL Zip Code 33063

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: <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.	DATE: 4/6/07 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete ALBERTSON, KATRINA F 7907 NW 19TH STREET MARGATE, FL 33063	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	<input type="checkbox"/> Delete ALBERTSON, DAVID A 7907 NW 19TH STREET MARGATE, FL 33063	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TREA	<input checked="" type="checkbox"/> Delete ALBERTSON, KATRINA F 7907 NW 19TH STREET MARGATE, FL 33063	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SEC	<input type="checkbox"/> Delete ALBERTSON, DAVID A 7907 NW 19TH STREET MARGATE, FL 33063	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 4/6/07 DAYTIME PHONE: 954-973 4063