## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P03000140989

Address:

City-St-Zip:

8017 SHEPHERD AVE

SPRING HILL, FL 346061922

FILED Jun 21, 2005 Secretary of State

Entity Name: A&K CAB	INETWERKS, INC.			
Current Principal Place of Business:		New Principal Place of Business:		
8017 SHEPHERD AVE SPRING HILL, FL 346061922		12466 SPRING HILL DR. SPRING HILL, FL 346091922		
Current Mailing Address:		New Mailing Address:		
8017 SHEPHERD AVE. SPRING HILL, FL 34606	1922			
FEI Number: 20-0397301	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of C	urrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
WERKMEISTER, KELLY 8017 SHEPHERD AVE SPRING HILL, FL 34606	1922 US			
The above named entity s in the State of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Electron	ic Signature of Registered Ago	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: PTD () Name: WERKMEISTER	Delete R. ALLEN	Title: Name:	( ) Change ( ) Addition	

8017 SHEPHERD AVE Address: Address: City-St-Zip: SPRING HILL, FL 346061922 City-St-Zip: Title: VSD () Delete Title: VPD (X) Change ( ) Addition WERKMEISTER, KELLY MCKIMM, KEITH Name: Name: Address: 8017 SHEPHERD AVE Address: 8317 FOREST OAKS BLVD SPRING HILL, FL 346061922 SPRING HILL, FL 346061922 City-St-Zip: City-St-Zip: VPD Title: Title: () Delete SD (X) Change ( ) Addition BENNETT, JAMES Name: MCKIMM, KEITH Name: 12051 SAPPHIRE DR.

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SPRING HILL, FL 346091922

SIGNATURE: ALLEN WERKMEISTER PTD 06/21/2005