## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 29, 2006 08:00 AM Secretary of State

| DOCUMENT # P04000013931  1. Entity Name K & L DECK CREATIONS, INC.  Principal Place of Business  1164 WINDY WAY APOPKA, FL 32703 US  DO NOT WRITE IN THIS SPACE  O2252006 No Chg-P CR2E034 (11/05)  4. FEI Number  Apopke  |   | ANNUAL R                              | Secretary of State |                        |   |                        |  |                 |
|--|---|---------------------------------------|--------------------|------------------------|---|------------------------|--|-----------------|
| TILE NOWILL FEELS \$150.00 After May 1, 2006 Fee will be \$550.00  TILE NOWILL FEELS \$150.00 After May 1, 2006 Fee will be \$550.00  TILE NOWILL FEELS \$150.00 After May 1, 2006 Fee will be \$550.00  TO FIGURE AND DIRECTORS  TILE NOWILL FEELS \$150.00 After May 1, 2006 Fee will be \$550.00  TO FIGURE AND DIRECTORS  TO FIGURE SHEET ANDRESS  TO NOT WRITE  IN THIS SPACE  1. Election Campaign Financing Trust Fund Contribution.  TO NOT WRITE  IN THIS SPACE  1. Election Campaign Financing Trust Fund Contribution.  TO FIGURE AND DIRECTORS  TO NOT WRITE  IN THIS SPACE  1. DO NOT WRITE  IN THIS SPACE  1. Election Campaign Financing Trust Fund Contribution.  TO FILE NOW THE TILE NOW THE TI | 1. Entity Nan   | ne                                    | 31                 |                        |   | Secre                  | etary of St                            | late            |
| DO NOT WRITE IN THIS SPACE    A. FEI Number   Se.2683699   No. Chg-P   Se.2633699   No. Chg-P   Se.2683699   No. Chg-P   Se.26836999   No. Chg-P   Se.268369   No. Chg-P   Se.2683699   No. Chg-P            | 1164 WINDY  | / WAY                                 | 1164 WINDY WAY     |                        | 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |                        |  | #14B1 N 1844    |
| DO NOT WRITE IN THIS SPACE  4. FEI Number 58-2683899   |   |                                       |                    |                        |   |                        | A GENERAL HOUSE MILE COLUMN AND PLANTS |                 |
| CRAFT, KEVIN 1164 WINDY WAY APOPKA, FL 32703  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 the obligations of registered agent.  SIGNATURE  Signature  FILE NOWIRI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTIONS  TIFLE  OFFICERS AND DIRECTIONS  TIFLE  ORAFT, KEVIN 1164 WINDY WAY APOPKA, FL 32703  TIFLE  NAME STREET ADDRESS SIGNATURE  TIFLE  NAME STREET ADDRESS SIGNATURE  TIFLE  NAME STREET ADDRESS STREET ADDRESS OTH-ST-2P  TIFLE  NAME STREET ADDRESS OTH-ST-2P  TIFLE         | E   | OO NOT WRITE I                        | CE                 | 4. FEI Numbe<br>58-268 | 3699                                    |                        |  |                 |
| CRAFT, KEVIN 1164 WINDY WAY APOPKA, FL 32703  S. 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. 1 am familiar with, and the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and life II septicable.  PILE NOWIRI FEE IS \$150.00 After May 1, 2006 Fee with be \$550.00  OFFICERS AND DIRECTORS  TRUST Fund Contribution.  DATE  PAPOPKA, FL 32703  TIGG MAKE ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-ST-ZP  TIGG MAKE ADDRESS CITY-ST-ZP  TIGG MAK       |   | E. fiame and Address of Current Regis | stored Anent       | <u></u>                |   |                        | Fee Require                            | <u> </u>        |
| the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and life if applicable. (NOTE: Progistered Agent signature required when relicatating)  PILE NOWIRI FEE IS \$150,00 After May 1, 2006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  SITILET ADDRESS CITY-ST-ZIP  ITILE NAME SIREET ADDRESS CITY-ST-ZIP  ITILE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  DO NOT WRITE ITILE INTERED ADDRESS CITY-ST-ZIP  ITILE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET A       | 1164 WIN  | EVIN<br>DY WAY                        |                    |                        |   | <del>-</del>           |  |                 |
| After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  ITIELE POWNAME CRAFT, KEVIN STRIET ADDRESS CITY-S1-2IP APOPKA, FL 32703  IIIO00001484748  04/12/06-80055-025 15C  ITIELE NAME SIREET ADDRESS CITY-S1-2IP  ITIELE NAME STREET ADDRESS CITY-S1-2IP  ITIELE STREET ADDRESS CITY-S1-2IP  ITIELE STREET ADDRESS   | the obligat   | ions of registered agent.             |                    | ·                      |   | h, in the State of Fic |  | and accept      |
| TIFLE NAME STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32703 TIGLE NAME SIREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  DO NOT WRITE ITILE NAME STREET ADDRESS CITY-ST-ZIP  DO NOT WRITE ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |                                       |                    |                        |   |                        |  |                 |
| TITLE RAME STREET ADDRESS CITY-SI-ZUP TITLE  | ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | P<br>CRAFT, KEVIN<br>1164 WINDY WAY   | CTORS              |                        |   | NOT W                  | RITE                                   | . 50 <b>.80</b> |

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I turther 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 calls; 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 allachment with all address, with at other like empowered.

SIGNATURE: .

STRUCT ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-27-06

407-748-3915