2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Feb 09, 2006 08:00 AN DOCUMENT # P04000028138 1. Entity Name B.K.K. ENTERPRISES, INC. **Secretary of State** Mailing Address Principal Place of Business 3717 DREW LANE 5834 RIDDLE ROAD HOLIDAY, FL 34690 NEW PORT RICHEY, FL 34652 02052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1620962 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KALODOUKAS, DEBRA DO NOT WRITE 5834 RIDDLE ROAD HOLIDAY, FL 34690 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE KALODOUKAS, VASILIOS K NAME 5834 RIDDLE ROAD STREET ADDRESS CITY-ST-ZIP HOLIDAY, FL 34690 U00000426773 20/06-80055-023 150.QO MLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MANUE STREET ADDRESS CITY-ST-7/2 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR KAC Date Daylitre Priore #