

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000047951					
1. Entity Name K&K ADVENTURES, INC.					
Principal Place of Business 1318 LAFAYETTE ST CAPE CORAL, FL 33904			Mailing Address 1318 LAFAYETTE ST CAPE CORAL, FL 33904		
50004447					
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-1075953		Applied For ☐ Not Applicable			
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					
SCHUTT, DARRIN R ESQ STE C-1105 CAPE CORAL PKWY E CAPE CORAL, FL 33904					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State FL Zip Code					
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ☐ Delete TESSNOW, KLAUS TEUTONENWEG 7 D-21357 BARUM, GERMANY.				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ☐ Delete TESSNOW, KIRSTEN TEUTONENWEG 7 D-21357 BARUM, GERMANY.				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplement 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: <u>KL TESSNOW</u> 01-10-05 +49-4133-210353					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					