


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90150 046 \*\*\*150.00

**DOCUMENT # P04000085229**

1. Entity Name  
**K.T. PROFESSIONAL INTERIORS INC.**



Principal Place of Business  
**4721 NW 19TH COURT  
 LAUDERHILL, FL 33313**

Mailing Address  
**4721 NW 19TH COURT  
 LAUDERHILL, FL 33313**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

**THOMAS, KEITH  
 4721 NW 19TH COURT  
 LAUDERHILL, FL 33313**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P THOMAS, KEITH 4721 NW 19TH COURT LAUDERHILL, FL 33313</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Keith Thomas 4.6.05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



04062005 Chg-P CR2E034 (10/03)

4. FEI Number **55-0871500** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**