


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000103288 1. Entity Name KPN MANAGEMENT INC.	
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Principal Place of Business 3400 LAKESIDE DR SUITE 502 MIRAMAR, FL 33027	Mailing Address 3400 LAKESIDE DR SUITE 502 MIRAMAR, FL 33027
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DO NOT WRITE IN THIS SPACE

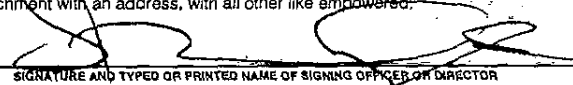
6. Name and Address of Current Registered Agent
**CARNEY STANTON CHARTERED
901 GEORGE BUSH BOULEVARD
DELRAY BEACH, FL 33477**


03222005 No Chg-P CR2E034 (10/03)
4. FEI Number
52-2393517
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	11111111286806 04/04/05 80039-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KYLE, JOHN N II 3400 LAKESIDE DR SUITE 502 MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ABERLE, PAULA 3400 LAKESIDE DR SUITE 502 MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  **3.26.05 954.442.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone **8252**