2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90513 043 ***158 7

1. Entity Name KND CENTRE DELIGHTS, INC.					05-02-2005	90513 043 ****1.	38./3
Principal Place 3820 WEST (TAMPA, FL 3	DE LEON STREET	Mailing Address 3820 WEST DE LEON STI TAMPA, FL 33609	REET			50045	158
2. Principal P	Place of Business E. Ellicott St.	3. Mailing Address 509 E. Elli	cottst.				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01112005	Chg-P	CR2E034 (10/03)	
City & State	npa, FL		FL	4. FEI Numbe	20148	1020	opplied For lot Applicable
Zip 33(603 USA	ر قام 33ما <u>33</u>	Country USA		of Status Desired	\$8.75 Ac Fee Requir	
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New R	legistered Agent	
KLINE, KIMBERLY E			Street Address (P.O. Box Number is Not Acceptable)				
TAMPA, FI	RT DE LEON STREET L 33609		d	09 E. E	illicott	57.	
			City T	ampa		FL Zip Cg	は ない り る
	e named entity submits this statement for	or the purpose of changing its re	egistered office or re-	gistered agent, or bo	th, in the State of Flo	orida. I am familiar with	, and accept
the obligat	tions of registered agent.	Vianhanla	مه:۱۷		04/12/	0 5	
SIGNATURE		MITTOUR IN				00	
	Signiture, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signature r	equired when reinstating)	, ,	DATE	
FIL	Signature. Type or printed name of registered agent E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig	n Financing-	~\$5.99 May Be Added to Fees	3 1	DATE	2
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election:Campaig Trust Fund Contrib	n Financing- oution.	-\$5.00 May Be Added to Fees	CHANGES TO OFF	DATE	RS IN 11
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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: Kimberly Kline 04 13 05 813.495.712,3