

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90119 034 \*\*\*150.00

<b>DOCUMENT # P04000144530</b>					
<b>1. Entity Name</b> KIM'S AUDIO, INC.					
<b>Principal Place of Business</b> 113 SOUTH MACDILL AVE., #B TAMPA, FL 33609			<b>Mailing Address</b> 113 SOUTH MACDILL AVE., #B TAMPA, FL 33609		
<b>2. Principal Place of Business</b> 20041 BLUFF OAK BLVD Suite, Apt. #, etc.		<b>3. Mailing Address</b> 20041 BLUFF OAK BLVD Suite, Apt. #, etc.			
<b>City &amp; State</b> TAMPA FL		<b>City &amp; State</b> TAMPA FL		<b>4. FEI Number</b> 30-0278715	
<b>Zip</b> 33647		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> KIM, PAN TAK 113 SOUTH MACDILL AVE., #B TAMPA, FL 33609				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> D	<b>NAME</b> KIM, PAN TAK			<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b> 113 SOUTH MACDILL AVE., #B	<b>STREET ADDRESS</b> 20041 BLUFF OAK BLVD			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b> TAMPA, FL 33609	<b>CITY-ST-ZIP</b> TAMPA FL 33647			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
(Empty rows for additional officers/directors)					
<b>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 registered 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.</b>					
<b>SIGNATURE:</b>				7/7/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	