2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 26, 2006 08:00 AM Secretary of State **DOCUMENT # P04000147193** 1. Entity Name KO, INC. Principal Place of Business Malling Address 11787 BAYOU LANE 11787 BAYOU LANE BOCA RATON, FL 33498 BOCA RATON, FL 33498 04102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1849939 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KRAUSE, STEVE DO NOT WRITE 11787 BAYOU LANE BOCA RATON, FL 33498 IN THIS SPACE 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 signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE KRAUSE, STEVE NAME STREET ADDRESS 11787 BAYOU LANE CSY-ST-29 BOCA RATON, FL 33498 TITLE U00000534735 05/08/06-80025**-003** 150**.00** MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP THEE NAME STREET ADDRESS CITY-ST-ZP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 hystee 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: 1

TITLE NAME STREET ADDRESS CITY-ST-ZIP