

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90077 030 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                |                                                                                  |                                                                                                                                                                      |                                                                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000165057</b><br>1. Entry Name<br><b>K.A.G. HOLDINGS CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                |                                                                                  |                                                                                                                                                                      |                                                                                                         |  |
| Principal Place of Business<br><b>463 GOLFVIEW DRIVE<br/>NAPLES, FL 34110</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                |                                                                                  | Mailing Address<br><b>463 GOLFVIEW DRIVE<br/>NAPLES, FL 34110</b>                                                                                                    |                                                                                                         |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                    |                                                                                                                                                                      |                                                                                                         |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                | City & State                                                                     |                                                                                                                                                                      |                                                                                                         |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                                                        | Zip                                                                              | Country                                                                                                                                                              | 4. FEI Number<br><div style="font-size: 1.2em; font-family: cursive;">20-1901376</div>                  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                |                                                                                  |                                                                                                                                                                      | \$8.75 Additional Fee Required                                                                          |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GOODFELLOW, KENNETH JR.<br/>463 GOLFVIEW DRIVE<br/>NAPLES, FL 34110</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                |                                                                                  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)<br><small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>                                                                                                                                                                                                                         |                                                                                                                                                |                                                                                  |                                                                                                                                                                      |                                                                                                         |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$850.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                      | <b>\$5.00 May Be Added to Fees</b>                                                                      |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                         |                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PTD<br>GOODFELLOW, KENNETH JR.<br>463 GOLFVIEW DRIVE<br>NAPLES, FL 34110 <div style="text-align: right;"><input type="checkbox"/> Delete</div> |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VSD<br>GOODFELLOW, LORAYNE<br>463 GOLFVIEW DRIVE<br>NAPLES, FL 34110 <div style="text-align: right;"><input type="checkbox"/> Delete</div>     |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <div style="text-align: right;"><input type="checkbox"/> Delete</div>                                                                          |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <div style="text-align: right;"><input type="checkbox"/> Delete</div>                                                                          |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <div style="text-align: right;"><input type="checkbox"/> Delete</div>                                                                          |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |  |
| 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. |                                                                                                                                                |                                                                                  |                                                                                                                                                                      |                                                                                                         |  |
| <b>SIGNATURE:</b> <i>Lorayne Goodfellow</i> <b>Lorayne Goodfellow</b> <span style="float: right;">3/1/05 239-592-7596</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                |                                                                                  |                                                                                                                                                                      |                                                                                                         |  |