

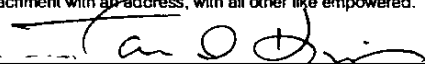


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90032 045 ***150.00

DOCUMENT # P05000023733					
1. Entity Name CFTK, INC.					
Principal Place of Business 9825 MKONA ISLE COURT ORLANDO, FL 32817			Mailing Address 9825 MKONA ISLE COURT ORLANDO, FL 32817		
2. Principal Place of Business 3895 Lake Emma Rd.		3. Mailing Address 3895 Lake Emma Rd.			
Suite, Apt. #, etc. Suite #121		Suite, Apt. #, etc. Suite #121			
City & State Lake Mary		City & State Lake Mary		4. FEI Number 20-2337804	
Zip 32746		Country Seminole		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARK, HYUN H 20 N ORANGE AVE STE 202 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Tae D. Kim Street Address (P.O. Box Number is Not Acceptable) 8638 Edge O Woods Ct. City Orlando FL Zip Code 32819		
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 		Tae D. Kim Director		1-24-2006 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARK, HYUN H 9825 MKONA ISLE COURT ORLANDO, FL 32817	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tae D. Kim 8638 Edge O Woods Ct. Orlando, FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 		Tae D. Kim Director		4-4-833-0192 1-24-2006 Date Daytime Phone #	