

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90163 003 ***150.00

DOCUMENT # P05000024316 1. Entity Name INTERNATIONAL KING CONSULTING, INC.					
Principal Place of Business 2332 GALIANO STREET CORAL GABLES, FL 33134			Mailing Address 2332 GALIANO STREET CORAL GABLES, FL 33134		
2. Principal Place of Business 8410 NW 53rd Terrace Suite, Apt. #, etc. #108		3. Mailing Address 8410 NW 53rd Terrace Suite, Apt. #, etc. #108			
City & State Doral, Florida		City & State Doral, Florida		4. FEI Number 34-2037243	
Zip 33166		Country Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KING, SARA 2332 GALIANO STREET CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Sara King Street Address (P.O. Box Number is Not Acceptable) 8410 NW 53rd Terrace #108 City Doral FL Zip Code 33166		
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 <u><i>Sara King</i></u> 3/6/06 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 KING, SARA 2332 GALIANO STREET CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Sara King 8410 NW 53rd Terrace #108 Doral, Florida 33166	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input 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	
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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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: <u><i>Sara King</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/6/06 305-436 2868 <small>Date Daytime Phone #</small>		