

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000041661</b>					
<b>1. Entity Name</b> KIM JEWELRY, INC.					
<b>Principal Place of Business</b> 50 KINDRED STREET SUITE 201 STUART, FL 34994			<b>Mailing Address</b> 50 KINDRED STREET SUITE 201 STUART, FL 34994		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt #, etc		Suite, Apt #, etc.		04172006    Chg-P    CR2E034 (11/05)	
City & State		City & State		<b>4. FEI Number</b>	
Zip		Country		Applied For Not Applicable	
Zip		Country		<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>				<b>7. Name and Address of New Registered Agent</b>	
JAMES M. GUEST, CPA, P.A. 50 KINDRED STREET SUITE 201 STUART, FL 34994				Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				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> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE _____</span>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> 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>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PSTD CASTILLO, ANTONIO 50 KINDRED STREET, STE. 201 STUART, FL 34994	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  000000528714 05/05/06-80047-018 150.00	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VD CASTILLO, CARMEN 50 KINDRED STREET, STE. 201 STUART, FL 34994	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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</b>					
<b>SIGNATURE:</b> _____			4/18/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		