2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2006 8:00 am Secretary of State DOCUMENT # P05000064535 04-13-2006 90302 038 ***150.00 KIKI INVESTMENTS, INC. Principal Place of Business Mailing Address 50011787 6051 ESTERO BLVD 6051 ESTERO BLVD FORT MYERS BEACH, FL 33931 FORT MYERS BEACH, FL 33931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04042006 Cha-P City & State City & State Applied For 4. FEI Number 65-0255605 Not Applicable Zip Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PITTMAN, LARRY Street Address (P.O. Box Number is Not Acceptable) 6051 ESTERO BLVD FORT MYERS BEACH, FL 33931 Zip Code FL 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE ☐ Delete TITLE ☐ Change ☐ Addition KARDA, CLAIRE NAME NAME STREET ADDRESS 6051 ESTERO BLVD STREET ADDRESS CITY-ST-ZIP FORT MYERS BEACH, FL 33931 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME

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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.

STREET ADDRESS

CITY-ST-7IP

Karda NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP