


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-07-2006 90026 018 \*\*\*150.00

**DOCUMENT # P05000079261**

1. Entity Name  
KAMIPRACTICS, INC.



Principal Place of Business  
~~1600 WEST MARION AVENUE  
APT. 212  
PUNTA GORDA, FL 33950~~

Mailing Address  
1600 WEST MARION AVENUE  
APT. 212  
PUNTA GORDA, FL 33950

66011656



2. Principal Place of Business  
312 Nesbit St.  
Suite/Apt. #, etc.  
112

3. Mailing Address  
Suite, Apt. #, etc.

03092006 Chg-P CR2E034 (11/05)

City & State  
Punta Gorda

City & State

4. FEI Number  
20-2935209

Applied For  
Not Applicable

Zip  
33950

Country

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AULD, KATHLEEN M  
1600 WEST MARION AVENUE  
APT. 212  
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
AULD, KATHLEEN M			
1600 WEST MARION AVENUE #212			
PUNTA GORDA, FL 33950			

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: Kathleen M. Auld Date: March 16, 2006 Daytime Phone #: 941 639-8273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ATTACHMENT  
**CPAs**

126011656  
#P 05 000079261  
Certified

Public Accountants  
and Consultants

Rexford R. Koch, CPA  
Therese A. Zeman, CPA

Koch & Company, CPAs, P.A.  
225 W. Virginia Avenue  
Punta Gorda, FL 33950  
Tel: (941) 637-0544

www.kochcpas.com  
cpa@rexkochcpa.com  
fax: (941) 637-9693

DATE: March 14, 2006

TO: Kamipractices, Inc.

**Filing Instructions**

**2006 UNIFORM BUSINESS REPORT (UBR)**

Please review this report carefully. If you have any questions do not hesitate to contact us.

AMOUNT DUE \$ 150.00

Make check payable to "Florida Department of State" for the annual filing fee.

SIGNATURE X

The report must be signed by an Officer or Director on Line 12.

Please note if the Registered Agent has changed (see Line 6), the New Registered Agent must sign on Line 8.

MAILING X

The report must be mailed no later than May 1, 2006 to the following:

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

COPY X

Retain your copy for your files. It should be signed and dated the same as the original.