
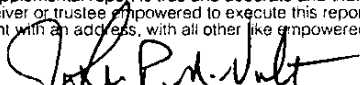


FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90019 002 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000144782			
1. Entity Name KBK AND ASSOCIATES INC.			
Principal Place of Business 125 ADRIANA COURT DAVENPORT, FL 33896		Mailing Address 125 ADRIANA COURT DAVENPORT, FL 33896	
2. Principal Place of Business - No P.O. Box # 52 RILEY ROAD Suite, Apt. #, etc. SUITE 372 City & State CELEBRATION FL Zip 34747 Country USA		3. Mailing Address 52 RILEY ROAD Suite, Apt. #, etc. SUITE 372 City & State CELEBRATION FL Zip 34747 Country USA	
4. FEI Number 16-1737930		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent MCNULTY, JOHN 125 ADRIANA COURT DAVENPORT, FL 33896		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 52 RILEY ROAD SUITE 372 City CELEBRATION FL Zip Code 34747	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent: signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DIR MCNULTY, KERRI 125 ADRIANA COURT DAVENPORT, FL 33896 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	52 RILEY ROAD, STE 372 CELEBRATION FL 34747 <input checked="" 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: 		4/27/2007 863-420-0430	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	