


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

05-08-2007 90019 002 \*\*\*150.00

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
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2. Principal Place of Business - No P.O. Box # 52 RILEY ROAD	3. Mailing Address 52 RILEY ROAD
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Suite, Apt. #, etc. SUITE 372	Suite, Apt. #, etc. SUITE 372
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City & State CELEBRATION FL	City & State CELEBRATION FL
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Zip 34747	Country USA	Zip 34747	Country USA
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40108499



04232007 Chg-P CR2E034 (12/06)

4. FEI Number 16-1737930	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCNULTY, JOHN 125 ADRIANA COURT DAVENPORT, FL 33896
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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
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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 \_\_\_\_\_ (NOTE: Registered Agent: signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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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: John P. McNulty Date: 4/27/2007 Daytime Phone #: 863-420-0430