## FILED Jun 18, 2007 8:00 am Secretary of State 05-24-2007 90002 044 \*\*\*150.00

## 2007 FOR PROFIT CORPORATION

	ANNUAL K	EPUKI		05-24-2007 90002 044 *****150.00	
1. Entity Name	MENT # P0500015719 fors inc.	0			
Principal Place of Business  8128 ROYALTON RD 836 Blackgum 8128 ROYALTON RD 836 Blackgum ORLANDO, FL 32825 C++ ORLANDO, FL 32825 C++					
DO NOT WRITE IN THIS SPACE				04062007 No Chg-P CR2E034 (11/05)  4. FEI Number	
KOTSENKO, NIKOLAI  R125 ROYALTON RD  ORLANDO, FL 32825  C V +				DO NOT WRITE IN THIS SPACE	
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, rypsed or printed name of regulated agains and tribs if applicable (INOTE Registered Agent signature required when relistating)  DATE					
FILE NOWILL FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May 8e  Trust Fund Contribution.   Added to Fees					
10.	OFFICERS AND DIREC	CTORS	ſ		
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	P KOTSENKO, NIKOLAI 8425 ROYALTOWRD 836 134 ORLANDO, FL 32825	ackgum of			
TITLE MAME STREET ADDRESS CITY-S1-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-S1-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 507, 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 the empowered.					
SIGNATURE:  BIGHATURE AND TYPED OR PRINTED AND COPYCER OR DIRECTOR  DESCRIPTION OF THE DESCRIPTION OF THE OF THE OFFICER OR DIRECTOR  DESCRIPTION OF THE OFFICER OR DIRECTOR					

ATTACHMENT - .

To: Florida Department of State

N.K. Motors, Document # P05000157190 did not receive an Annual Report Notice due to our request to change the address of this company was never done by your division, therefore, Annual Report Notice wasn't received on time, this is the reason why we are send out this payment late. Please change the address in your records and send Annual Report Notice next time to the address:

N.K. Motors 836 Blackgum Ct Orlando, Fl 32825