


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05357**  
 1. Entity Name  
**DKS ASSOCIATES, INC.**



Principal Place of Business 1956 WEBSTER STREET STE 300 OAKLAND, CA 94612 US	Mailing Address 1956 WEBSTER STREET STE 300 OAKLAND, CA 94612 US
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01192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>94-2583153</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**WENTZEL, JERRY T**  
 12000 N DALE MABRY HIGHWAY SUITE #112  
 TAMPA, FL 33618

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000041486  
 02/09/04-80090-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAKOW, THOMAS J 1956 WEBSTER, STE 300 OAKLAND, CA 94612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENTZEL, JERRY T 1956 WEBSTER, STE. 300 OAKLAND, CA 94612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAUVE, RICHARD J. 1956 WEBSTER STREET SUITE 300 OAKLAND, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, JOHN P. 1956 WEBSTER, STE 300 OAKLAND, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOURT, RANSFORD S. 1956 WEBSTER, SUITE 300 OAKLAND, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Richard T. Sauve 2/4/04 510.763.7001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #