

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 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

DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

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

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

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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 _____ 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, 2005 Fee will be \$550.00

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

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	

U00000218078
02/07/05-80049-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 J. Sauve* 2-3-05 928-376-3162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #