


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 23, 2008 8:00 am**  
**Secretary of State**

06-23-2008 90002 023 \*\*\*158.75

<b>DOCUMENT # P06000034524</b> 1. Entity Name "KK ALL AROUND" REMODELING, INC.			
Principal Place of Business 439 SANDY CAY DR. MIRAMAR BEACH, FL 32550		Mailing Address P.O. BOX 6907 MIRAMAR BEACH, FL 32550	
2. Principal Place of Business - No P.O. Box # 4210 YADE LOOP Suite, Apt. #, etc.		3. Mailing Address 4210 YADE LOOP Suite, Apt. #, etc.	
City & State DESTIN FL		City & State DESTIN, FLORIDA	
Zip 32541		Country OKALOOSA	
4. FEI Number 16-1753118		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03022008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  KALINA, KRZYSZTOF Z 439 SANDY CAY DR MIRAMAR BEACH, FL 32550		7. Name and Address of New Registered Agent Name KALINA KRZYSZTOF Street Address (P.O. Box Number is Not Acceptable) 4210 YADE LOOP City DESTIN FL Zip Code	
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 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KALINA, KRZYSZTOF Z 732 EAST MACK BAYOU ROAD, UNIT # 1 SANTA ROSA BEACH, FL 32459	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O WISNIEWSKI, ADAM 200 SANDESIN LANE, APT. 815 DESTIN, FL 32550	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O KOSIAK, KAROL 97 RED MAPLE COURT SANTA ROSA BEACH, FL 32459	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
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
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
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.			
<b>SIGNATURE:</b> <i>K. Kalina</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		06/19/2008 Date	
850 502 0929 Daytime Phone #			