


FILED
Apr 24, 2007 8:00 am
Secretary of State

04-02-2007 90065 048 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000041492 1. Entity Name KHC HOLDINGS, INC.			
Principal Place of Business 3816 NW 125TH STREET OPALOCKA, FL 33054		Mailing Address 2574 NW 107TH AVENUE SUNRISE, FL 33322	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		03282007 Chg-P CR2E034 (12/06)	
		4. FEI Number 20-4552619 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CROOKS, KEEBLE 2574 NW 107TH AVENUE SUNRISE, FL 33322		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROOKS, KEEBLE	NAME	
STREET ADDRESS	2574 NW 107TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33322	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROOKS, KEEBLE	NAME	
STREET ADDRESS	2574 NW 107TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33322	CITY-ST-ZIP	
TITLE	SEC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROOKS, KEEBLE	NAME	
STREET ADDRESS	2574 NW 107TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33322	CITY-ST-ZIP	
TITLE	TRES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROOKS, KEEBLE	NAME	
STREET ADDRESS	2574 NW 107TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33322	CITY-ST-ZIP	
TITLE	DIR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROOKS, KEEBLE	NAME	
STREET ADDRESS	2574 NW 107TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33322	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: _____		Date: 3-28-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	