

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90182 023 ***158.75

DOCUMENT # P06000059920 1. Entity Name KKE KIDKARE CONSULTANTS INC.			
Principal Place of Business 287 PORTO VECCHIO WAY PALM BEACH GARDENS, FL 33410		Mailing Address 287 PORTO VECCHIO WAY PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business - No P.O. Box # 17911 S.E. Federal Hwy		3. Mailing Address 17911 S.E. Federal Hwy	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Jupiter, FL 33410		City & State Jupiter, FL 33410	
Zip 33410		Zip 33410	
Country USA		Country USA	
4. FEI Number 20-4772942		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410	
7. Name and Address of New Registered Agent Name KRYSTOL K EVANS Street Address (P.O. Box Number is Not Acceptable) 17911 S.E. Federal Hwy City Jupiter FL Zip Code 33410		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)	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE 4-13-2007	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME EVANS, KRYSTOL K STREET ADDRESS 287 PORTO VECCHIO WAY CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete	TITLE D NAME Evans, Krystol K. STREET ADDRESS 17911 S.E. Federal Hwy CITY-ST-ZIP Jupiter, FL 33410	<input checked="" 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
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.			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-13-2007	
Daytime Phone # 561-310-8362			

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