

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPROVED
AND
FILED

07 APR 24 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JSC

DOCUMENT # P06000091520



1. Entity Name
BIKK HOLDINGS INC.

Principal Place of Business
1160 GREENWARD CT
TALLAHASSEE, FL 32312

Mailing Address

1160 GREENWARD CT
TALLAHASSEE, FL 32312

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

ZIP

Country

03132007 Chg-P CR2E034 (12/06)

4. FEI Number
20-5272897

Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, KENNETH F
1160 GREENWARD CT
TALLAHASSEE, FL 32312

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution:

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SMITH, KENNETH F
STREET ADDRESS 1160 GREENWARD CT
CITY-ST-ZIP TALLAHASSEE, FL 32312

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE VP
NAME SMITH, ISELA C
STREET ADDRESS 1160 GREENWARD CT
CITY-ST-ZIP TALLAHASSEE, FL 32312

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:  Kenneth F. Smith

4/23/2007

850-284-0804

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR