2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000133959

Entity Name: IKST, INC.

FILED Feb 16, 2008 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

421 MCKINLEY AVE 20002 LAKE VISTA CIRCLE LEHIGH ACRES, FL LEHIGH ACRES, FL

Current Mailing Address: New Mailing Address:

P.O. BOX 1101 LEHIGH ACRES, FL 33970

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STERR, KARL M D
421 MCKINLEY AVE
LEHIGH ACRES, FL 33936 US
STERR, KARL M D
20002 LAKE VISTA CIRCLE
LEHIGH ACRES, FL 33936 US

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.

SIGNATURE: KARL STERR 02/16/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 PRES
 (X) Change () Addition

 Name:
 STERR, KARL M D
 Name:
 STERR, KARL M D

 Address:
 421 MCKINLEY AVE
 Address:
 20002 LAKE VISTA CIRCLE

City-St-Zip: LEHIGH ACRES, FL 33936 FL City-St-Zip: LEHIGH ACRES, FL 33936 FL

Title: D () Delete Title: VP (X) Change () Addition
Name: STERR, INGE M D Name: STERR, INGE M D

Address: 421 MCKINLEY AVE Address: 20002 LAKE VISTA CIRCLE
City-St-Zip: LEHIGH ACRES, FL 33936 FL City-St-Zip: LEHIGH ACRES, FL 33936 FL

Title: () Delete Title: D () Change (X) Addition Name: WEBER-KNOEFERL, SUSANNE Address: GOERDELER STRASSE 49 City-St-Zip: UNTERHACHING, G 82008 G

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARL STERR PRES 02/16/2008