

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P06000151207</b> 1. Entity Name KHC, II, INC.	
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FILED

07 MAY -4 PM 12: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 300 SOUTH ORANGE AVENUE SUITE 1000 (T2K) ORLANDO, FL 32801 US		Mailing Address 300 SOUTH ORANGE AVENUE SUITE 1000 (T2K) ORLANDO, FL 32801 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05072007    Chg-P    CR2E034 (12/06)

4. FEI Number <b>20-8254264</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  CORPORATION COMPANY OF ORLANDO 300 SOUTH ORANGE AVENUE SUITE 1000 (T2K) ORLANDO, FL 32801	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete KOBROIN, PHILIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600102930948</b>
STREET ADDRESS	300 S. ORANGE AVE., SUITE 1000 (T2K)	NAME	05/21/07--01014--010 <b>**150.00</b>
CITY-ST-ZIP	ORLANDO, FL 32801	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Kobrin, Todd F.
STREET ADDRESS		STREET ADDRESS	300 S. Orange Av., #1000
CITY-ST-ZIP		CITY-ST-ZIP	Orlando, FL 32801
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	
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	
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	
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:** Todd F. Kobrin, V.Pres.      Date: 5/8/07      Daytime Phone #: (407) 423-3200