

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90126 006 \*\*\*150.00

40029163



02152005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P23910</b> 1. Entity Name H.K. INVESTMENT AG, INC.																																																																																																																																												
Principal Place of Business 1104 N. COLLIER BLVD. MARCO ISLAND, FL 34145 US			Mailing Address 1104 N. COLLIER BLVD. MARCO ISLAND, FL 34145																																																																																																																																									
2. Principal Place of Business			3. Mailing Address																																																																																																																																									
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																																									
City & State			City & State																																																																																																																																									
Zip		Country		4. FEI Number 59-2985287																																																																																																																																								
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																																								
6. Name and Address of Current Registered Agent  GREUSEL, JAMIE B. 1104 N. COLLIER BLVD. MARCO ISLAND, FL 34145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) -- City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>																																																																																																																																								
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																												
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00.</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>																																																																																																																																								
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>KAESLIN, IRMA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CH 5022 ROMBACH</td> <td></td> </tr> <tr> <td></td> <td>ROMBACHTALI 29, SWIT,</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>ROMAN, KAESLIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ROMBACHTALI 29</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ROMBACH, CH-502</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> <td style="width: 10%;">Change <input type="checkbox"/></td> <td style="width: 10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td>Change <input type="checkbox"/></td> <td>Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td>Change <input type="checkbox"/></td> <td>Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td>Change <input type="checkbox"/></td> <td>Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	KAESLIN, IRMA		CITY-ST-ZIP	CH 5022 ROMBACH			ROMBACHTALI 29, SWIT,		TITLE	S	Delete <input type="checkbox"/>	NAME	ROMAN, KAESLIN		STREET ADDRESS	ROMBACHTALI 29		CITY-ST-ZIP	ROMBACH, CH-502		TITLE		Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	STREET ADDRESS					CITY-ST-ZIP					TITLE			Change <input type="checkbox"/>	Addition <input type="checkbox"/>	NAME					STREET ADDRESS					CITY-ST-ZIP					TITLE			Change <input type="checkbox"/>	Addition <input type="checkbox"/>	NAME					STREET ADDRESS					CITY-ST-ZIP					TITLE			Change <input type="checkbox"/>	Addition <input type="checkbox"/>	NAME					STREET ADDRESS					CITY-ST-ZIP				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.																																																																																																																																												
<b>SIGNATURE:</b> <i>J. Hoel</i> <i>[Signature]</i> 28.2.05 <span style="float: right;">01141 62 P24 11 09</span>																																																																																																																																												
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																												