


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P39596 1. Entity Name K.A.B. DESIGNS, INC. OF COLORADO	
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Principal Place of Business 455 EAST PIKES PEAK AVENUE SUITE #305 COLORADO SPRINGS, CO 80903 US	Mailing Address 455 EAST PIKES PEAK AVENUE SUITE #305 COLORADO SPRINGS, CO 80903 US
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-0790617	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRAY, N. DWAYNE, JR. 201 S. ORANGE AVE., SUITE 1060 ORLANDO, FL 32801
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000109804 04/12/04-80058-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP PANKEY, VICTOR S. 3624 SHEARER CROSSING BONSALL, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV PANKEY, PETER S. 4800 LEGRAY ROAD ARVIN, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOI, CHARLES Y. 7000 HIGHLAND DR LAKEWOOD, CO 80215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILDERBRAND, JERRY R. 455 E. PIKES PEAK AVE. COLORADO SPRINGS, CO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jerry Hilderbrand **2.8.4** **719.634.2815**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #