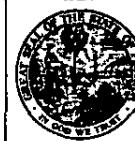


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P93000015893

1. Entity Name  
C.K.A. ASSOCIATES, INC.



Principal Place of Business  
813 W. BRYAN ST.  
KISSIMMEE, FL 34741

Mailing Address  
813 W. BRYAN ST.  
KISSIMMEE, FL 34741

FILED  
Apr 30, 2008 08:00 AM  
Secretary of State



01132008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3166047	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ARRINGTON, C.K.  
813 W. BRYAN STREET  
KISSIMMEE, FL 34741

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

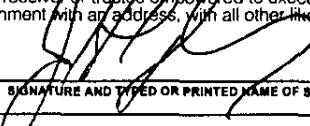
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ARRINGTON, CHARLES K 813 W. BRYAN ST. KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, JAMES H 4425 MILDRED BASS ROAD ST CLOUD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000000000000000000000000000000  
05/22/08-80104-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-08 407-846-2239

Date

Daytime Phone #