
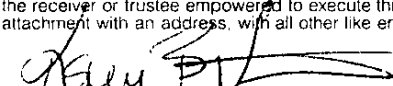


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90021 025 ***150.00

DOCUMENT # P93000040253					
1. Entity Name K.N.J., ASSOCIATES, INC.					
Principal Place of Business % KAREN BIGHOUSE 5445 ENDICOTT PLACE OVIEDO FL 32765			Mailing Address % KAREN BIGHOUSE 5445 ENDICOTT PLACE OVIEDO FL 32765		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3190257 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent BIGHOUSE, KAREN 5445 ENDICOTT PLACE OVIEDO FL 32765				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIGHOUSE, KAREN 5445 ENDICOTT PLACE OVIEDO FL 32765 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 				7/3/06 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				407.722.6401 Daytime Phone #	

Dear Sirs ,

ATTACHMENT 40099076
#P93000040253

I WAS UNDER THE IMPRESSION THIS HAD
BEEN FILED. IN APRIL CHECK# 5396 4/3/06 -

THE CHECK DOES NOT ^{APPEAR} HAVE BEEN CASHED - HOPEFULLY

THIS IS NOT TOO LATE TO RE FILE -

Thank you
Karen Bigham

KWS ASSOCIATES -

P9300 0040253