


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000034326</b>	
1. Entity Name KONING INTERNATIONAL INC.	

Principal Place of Business %ALBERT KONING 899 EAST JEFFERY STREET, APT. 809 BOCA RATON, FL 33487 US	Mailing Address %ALBERT KONING 899 EAST JEFFERY STREET, APT. 809 BOCA RATON, FL 33487 US
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**DO NOT WRITE IN THIS SPACE**

02262005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0498736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KONING, ALBERT  
2291 N.W. 35TH ST.  
BOCA RATON, FL 33431

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

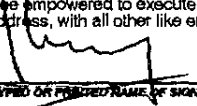
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KONING, ALBERT 899 E JEFFERY STREET, APT 809 BOCA RATON, FL
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U00000317196  
04/20/05-80008-021 150.00

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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.

**SIGNATURE:**  **Albert Koning** 4/11/ 561 4519838  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #