

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000034326

1. Entity Name
KONING INTERNATIONAL INC.



Principal Place of Business

% ALBERT KONING
899 EAST JEFFERY STREET, APT. 809
BOCA RATON, FL 33487 US

2. Principal Place of Business

2291 N.W. 35th st

Suite, Apt. #, etc.

Mailing Address

% ALBERT KONING
899 EAST JEFFERY STREET, APT. 809
BOCA RATON, FL 33487 US

3. Mailing Address

2291 N.W. 35th st

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33431

Country

Palm Beach

Zip

33431

Country

Palm Beach

6. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/2006

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME KONING, ALBERT
STREET ADDRESS 899 E JEFFERY STREET, APT 809
CITY-ST-ZIP BOCA RATON, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

2291 N.W. 35th Street
Boca Raton FL 33431

TITLE S Delete
NAME KONING, HERZ
STREET ADDRESS 899 E JEFFERY STREET, APT 809
CITY-ST-ZIP BOCA RATON, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

2291 N.W. 35th street
Boca Raton, FL 33431

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
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CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Change Addition

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

Date

Daytime Phone #

3/3/2006

**FILED
Mar 08, 2006 8:00 am
Secretary of State**

03-08-2006 90181 033 ***150.00

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03022006 Chg-P CR2E034 (11/05)