'2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 24, 2006 08:00 AM **Secretary of State DOCUMENT # P94000056834** 1. Entity Name Z.K.H.S. INC. Mailing Address Principal Place of Business 9590 N.W. 27TH COURT 9590 N.W. 27TH COURT CORAL SPRINGS, FL 33065. CORAL SPRINGS, FL 33065 02172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0511159 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE MUNIVE, NELSON 9590 N.W. 27TH COURT CORAL SPRINGS, FL 33065 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ZULAY, MUNIVE NAME STREET ADDRESS 9590 N.W. 27TH COURT CITY-ST-ZIP CORAL SPRINGS, FL 33065 UD0000446870 MUNIVE, NELSON 09/09/06 80032-001 150.00 NAME STREET ADDRESS 9590 NW 27 CT CORAL SPRINGS, FL 33065 CITY-ST-72P STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 if 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CSTY-ST-707

SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED