2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000043362

Entity Name: K & A UNITED INC

FILED Feb 20, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6310 FOREST HILL BLVD. WEST PALM BEACH, FL 33415 LIS **Current Mailing Address: New Mailing Address:** 6310 FOREST HILL BLVD. WEST PALM BEACH, FL 33415 US FEI Number: 65-0582337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SULAIMAN, HAROON 430 S. DIXIE HWY. LAKE WORTH, FL 33460 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SULAIMAN, HAROON Name: Name: 4469 S CONGRESS AVENUE, #112 Address: Address: City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SULAIMAN, AZIZA Name: 4325 S MARY CIR Address: Address: PALM BEACH GARDENS, FL 33410 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition ALIKHAN, MASOOD Name: Name: 7549 BRUNSON CIRCLE Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: () Delete Title: () Change () Addition KHAN, AYESHA Name: Name: Address: 13 MIDWAY CT Address: City-St-Zip: BENSENVILLE, IL 60106 City-St-Zip: Title: Title: () Delete () Change () Addition AHMED, KAZI Name: Name: 7549 BRUNSON CIRCLE Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: () Delete Title: () Change () Addition AHMED, KAUSAR A Name: Name: 4339 ROYAL BANYAN WAY Address: Address: City-St-Zip: City-St-Zip: LAKEWORTH, FL 33461

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROON SULAIMAN PRES 02/20/2005