

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000069333	
1. Entity Name A & K DISTRIBUTION, INC.	

Principal Place of Business 4137 W. VINE ST. KISSIMMEE, FL 34741	Mailing Address 4137 W. VINE ST. KISSIMMEE, FL 34741
--	--

DO NOT WRITE IN THIS SPACE



04192006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-3341898	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent CHADEESINGH, KAMAL 4137 W. VINE ST. KISSIMMEE, FL 34741
--

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

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

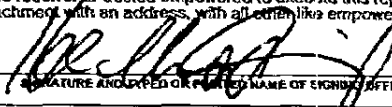
9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
---	--------------------------------

U00000526705
05/04/06-80083-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHADEESINGH, KAMAL 4137 WEST VINE STREET KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CHADEESINGH, ALICE 4137 WEST VINE STREET KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 similar empowered.

SIGNATURE: 	4/19/06 (409) 238-1890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	