


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90122 017 ***150.00

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| DOCUMENT # P96000026838 |  |
| 1. Entity Name KIT KAN PRODUCTIONS, INC. | |

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| Principal Place of Business 107 BROOK WOODE AVE ROYAL PALM BEACH, FL 33411 US | Mailing Address 107 BROOK WOODE AVE ROYAL PALM BEACH, FL 33411 US |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|--------------|--------------|
| City & State | City & State |
| Zip | Country |

03092006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0662313

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

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| 6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE SUITE 500 EAST W PALM BEACH, FL 33401 | |
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| 7. Name and Address of New Registered Agent Name GY Corporate Services Inc. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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| 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: <i>Michael V. Conrad</i> DATE: 3-9-06 |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPDS CONRAD, BETTE A. 107 BROOK WOODE AVE. ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD CONRAD, MICHAEL A 107 BROOK WOOD AVE ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: X <i>Michael A. Conrad, President</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MICHAEL A. CONRAD, PRESIDENT | Date: 15 MAR 2006 Daytime Phone #: (561) 333-0340 (561) 753-6015 |