2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Apr 01, 2005 08:00 AM Secretary of State DOCUMENT # P96000037748 1. Entity Name A.K. PLACEMENTS INC. Principal Place of Business Mailing Address 105 S NARCISSUS AVENUE 105 S NARCISSUS AVENUE SUITE 806W W PALM BEACH FL 33401 SUITE 806W W PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0668800 Not Applicable \$8.75 Additional Zip Country Ζĭρ Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAHAIM, RICHARD D Street Address (P.O. Box Number is Not Acceptable) 105 S. NARCISSUS AVENUE SUITE 8-6W W PALM BEACH FL 33401 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 (NCTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE ☐ Change ☐ Addition TITLE Delete NAME RAHAIM, RICHARD D NAME U00000283086 04/01/05-80012-013 150.00 STREET ADDRESS STREET ADDRESS % 105 SOUTH NARCISSUS AVENUE SUITE 806W CITY-ST-ZIP W PALM BEACH FL 33401 CITY-ST-ZIP □ Change Addition HILE TITLE Delete WILLIAMS, JOHN G NAME NAME % 105 SOUTH NARCISSUS AVENUE SUITE 806W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL 33401 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.