2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P96000094767 1. Entity Name KING TECHNOLOGIES, INC.						A	Apr 22, 2005 08:00 AM Secretary of State				
Principal Plac	ce of Business		ng Address								
3831 JEFFERSON STREET HOLLYWODD FL 33021			3831 JEFFERSON STREET HOLLYWODD FL 33021								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt #, etc.				st MOORE	CR2E034	(10/04)		
City & Stat	te .	City	City & State			4. FEI Numb	oer 65-071390	l	. i - i .	oplied For ot Applicable	
Zip	Country	Zip	Zip		try	5. Certificat	e of Status Desired		\$8.75 Add	ditional	
	6. Name and Address of C	urrent Register	ed Agent		Name	7. Name an	d Address of New F	egistered A	\gent		
KING, ROBIN J 888 EAST LAS OLAS BLVD FORT LAUDERDALE FL 33301					Street Address (P.O. Box Number		per is Not Acceptable			·	
	named entity submits this stater tions of registered agent.	nent for the purp	ose of changing its	register	City ed office or regist	tered agent, or bo	oth, in the State of Flo	FL orida. Lam I	Zip Cod		
SIGNATURE .	Signature, typed or printed name of registers	ed agent and tille if app	obcable (NOTE	Registere	d Agent signature requir	red when reinstating)		DATE			
After	ILE NOW!!! FEE IS \$150.0 May 1, 2005 Fee Will Be \$5 k Payable to Florida Departm	50.00					9. Election Campa Trust Fund Cor			.00 May Be ed to Fees	
10.		AND DIRECTO	IRS	11.		ADDÍTIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	SIN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, WILLIAM B JR 3831 JEFFERSON STREET HOLLYWODD FL 33021		☐ Delete				U0000032 04/22/05-80	22476 0015-01	□ Change 7 1 50.0	□ Addition - 30	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			· · · · · · · · · · · · · · · · · · ·			Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	☐ Delete	ettee nam i stre					Change	Addition	
TITLE NAME CIREET ADDRESS CITY-SI-ZIP			☐ Delete	1					□ Change	Addition	
THILE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l				Change	☐ Addition	
indicated of the cor	certify that the information supplied on this report or supplemental reporation or the receiver or trusted, or on an attachment with an add	eport is true and e empowered to	accurate and that me execute this report	ny signat	ure shall have the	e same legal effe	ct as if made under o	eath: that I a	m an officer	or director	

. WILLIAM B. KIRGL 3/05

FILED