.2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 23, 2006 08:00 AN **DOCUMENT # P97000052880 Secretary of State** 1. Entity Name HKT MANAGEMENT CORP. Mailing Address Principal Place of Business **6211 JOHNSON STREET 6211 JOHNSON STREET** HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 01172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0762758 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LANIA, JOSEPH S C.P.A. DO NOT WRITE 8992 TAFT STREET PEMBROKE PINES, FL 33024 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TVPD TITLE O'BIER, ELISA NAME 5720 S.W. 7 STREET STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33317 TITLE NAME U00000394733 01/26/06-80023-003_150.00 STREET ADDRESS CATY - ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE

STREET ADDRESS CITY-ST-7IP