

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000028721

Entity Name: KINKUN, INC.

FILED  
Feb 07, 2005  
Secretary of State

**Current Principal Place of Business:**

4125 CLEVELAND AVE  
STE 91  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

4125 CLEVELAND AVE  
STE 91  
FORT MYERS, FL 33901

**New Mailing Address:**

FEI Number: 59-3507730      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHASHIKANT, PATEL  
600 STARKEY RD  
APT #913  
LARGO, FL 33771 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: SP ( ) Delete  
Name: PATEL, NILESH  
Address: 9900 GLADIUS PRESERVE CIRCLE  
City-St-Zip: FORT MYERS, FL 33908

Title: VT ( ) Delete  
Name: PATEL, GITA  
Address: 9900 GLADIUS PRESERVE CIRCLE  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NILESH PATEL

P

02/07/2005

Electronic Signature of Signing Officer or Director

Date