

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000028721

Entity Name: KINKUN, INC.

FILED
Jan 12, 2006
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:

SHASHIKANT, PATEL
9900 GLADIOLUS PRESERVE CIRCLE
FORT MYERS, FL 33908 US

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:

01/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: VT () Delete
Name: PATEL, GITA
Address: 9900 GLADIOLUS 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 for the exemption stated 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 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

01/12/2006

Electronic Signature of Signing Officer or Director

Date