


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90408 005 ***150.00

DOCUMENT # P98000048256	
1. Entity Name K&S ENGINEERING, INC.	

Principal Place of Business PO BOX 560144 MONTVERDE, FL 34756	Mailing Address PO BOX 560144 MONTVERDE, FL 34756
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2. Principal Place of Business PO Box 17471 Suite, Apt. #, etc.	3. Mailing Address PO Box 17471 Suite, Apt. #, etc.
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City & State SARASOTA, FLORIDA	City & State SARASOTA, FLORIDA
Zip 34276	Zip 34276
Country	Country



04142006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3522293	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STORMA, WILLIAM 16033 KEALAN CT MONTVERDE, FL 34756	7. Name and Address of New Registered Agent Name PETER KLEINSCHMIDT Street Address (P.O. Box Number is Not Acceptable) 4429 DIAMOND CIRCLE WEST City SARASOTA FL Zip Code 34276
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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 *Peter R. Kleinschmidt* DATE 4/26/06

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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KLEINSCHMIDT, ELIZABETH 4429 DIAMOND CIR WEST SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STORMA, WILLIAM 16033 KEALAN CT MONTVERDE, FL 34756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	762 SPRING ISLAND WAY ORLANDO, FL 32828 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D SUSAN STORMA 1117 CAMPBELL STREET ORLANDO, FL 32806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBIN ROBERTS 1117 CAMPBELL STREET ORLANDO, FL 32806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Elizabeth A Kleinschmidt* *Elizabeth SKleinschmidt* 4-26-06 941-924-6186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #