

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000070610

1. Entity Name
KK MORTGAGE SERVICES INC



Principal Place of Business
9050 PINES BLVD
355
PEMBROKE PINES, FL 33024

Mailing Address

9050 PINES BLVD
355
PEMBROKE PINES, FL 33024

2. Principal Place of Business
9050 PINES BLVD

3. Mailing Address

9050 PINES BLVD

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.
100

City & State
PEMBROKE PINES FLA

City & State
PEMBROKE PINES FL

Zip 33024

Zip 33024

Country USA

Country USA



05162005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0855772

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BILLINGS, GIRVAN C
9050 PINES BLVD.
SUITE 355 100
PEMBROKE PINES, FL 33024

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Sheri D. B. GIRVAN BILLINGS

5/16/05

DATE

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BILLINGS, GIRVAN 9050 PINES BLVD #355-100 PEMBROKE PINES, FL 33024	<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
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
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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 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 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:

Sheri D. B.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/05

984 450 2529

Date

Daytime Phone #