

2006 FOR PROFIT CORPORATION

Mar 17, 2006 08:00 AM ANNUAL REPORT **Secretary of State DOCUMENT # P98000088277** 1. Entity Name KTK & ASSOCIATES, INC. Principal Place of Business Mailing Address 926 PROVIDENCE RD P.O. BOX 789 PLANT CITY, FL 33564 BRANDON, FL 33511 CR2E034 (11/05) 03042006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3539772 Not Applicable \$8.75 Additional a new regget to and 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DWYER, JOHN A DO NOT WRITE 506 N. ALEXANDER STREET PLANT CITY, FL 33566 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 tipe it applicable (NOTE: Registered Agent signature required when reinstating) CATE 9. Election Campaign Financing \$5.00 May 88 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PS GRAVES, ROBERT W NAME STREET ADDRESS P.O. BOX 789 PLANT CITY, FL 33564 CITY-ST-ZIP U00000471753 03/29/06-80009-010 150.00 TITLE STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS DO NOT WRITE City-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

I hereby certify that the info indicated on this report or of the corporation or the re-changed, or on an attaching supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the Information whits 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-20P

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED