2006 FOR PROFIT CORPORATION

ANNUAL REPORT **DOCUMENT # P98000095364**

1. Entity Name TKD HOLDINGS CO.



FILED Apr 06, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

12630 METRO PARKWAY FT MYERS, FL 33912

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DO NOT WRITE IN THIS SPACE

04032006 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-0879206 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILITELLO, KAREN A 8989 PASEO DE VALENCIA ST FT MYERS, FL 33908

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the priors of registered agent.	urpose of changing its registere	d office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE. Signature, hyped or primed name of registered agent and title if applicable. (NOTE: Registered.)				gent signature required when reinstitling) — DATE	
File Nowill FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	000000453545 04720705-80009-010 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILITELLO, KAREN A 8989 PASEO DE VALENCIA ST FT MYERS, FL 33908				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					19 Florida Statutas further certifu that the information

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.

Kaken A MiliTello 3/31/06 239-275-9200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: