2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 24, 2005 8:00 am Secretary of State 01-24-2005 90054 045 ***150.00

1. Entity Name KEN DYKES ENTERPRISES, INC.									01-24-2003	700310		0.00
Principal Plac 1274 REGEN LAKE MARY,	ICY PLACE	1274 RE	Mailing Address 1274 REGENCY PLACE LAKE MARY, FL. 32746									
Principal Place of Business			3. Mailing	3. Mailing Address								
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #. etc.			\dashv	01192005	Chg-P	CR2E0	34 (10/03)	
City & State			City & State				4. FEI Number 59-3548	484		1 -	pplied For	
Zip	Zip Country		Zip	Zip Cour		ntry		5. Certificate of	Status Desired		\$8.75 Add Fee Require	
Name and Address of Current Registered Agent								7. Name and A	ddress of New R	egistered i	Agent	
DVKEC K	 	 -				Name						
DYKES, KENNETH L 1274 REGENCY PLACE LAKE MARY, FL 32746						Street Address (P.O. Box Number is Not Acceptable)						
	·					City					Zip Cod	e
The above named entity submits this statement for the purpose of changing its registers						L į				FL	. [
the obligat	e named entit tions of regis	ty submits this statement stered agent.	I for the purpose	of changing its	register	ed office or re	egistere	d agent, or both	, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE.		d or printed name of registered ag	ent and title if applicable	e. (NOTE	E: Registere	ed Apent signature r	equited w	men reinstating)		DATE		
FiL After M	E NOW!!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$55		lection Campai rust Fund Conti			\$5.0 Adde	00 May Be d to Fees	·			£01800
Fil. After M	E NOW!!! ay 1, 200	5 Fee will be \$55					\$5.0 Adde	d to Fees	HANGES TO OFF	ICERS AND	DIRECTOR:	S IN 11
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I hereby certify that the information supplied with this fling 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 the relief the empowered.

1-19-05