2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 05, 2005 8:00 am Secretary of State **DOCUMENT # P99000029112** 05-05-2005 90114 041 ***150.00 1. Entity Name K-WATCH, INC. Principal Place of Business Mailing Address 2155 W. COLONIAL DR. 2155 W. COLONIAL DR. ORLANDO, FL 32804 50049610 ORLANDO, FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-3567316 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HWANG, KIL H Street Address (P.O. Box Number is Not Acceptable) 1001 LANDVIEW CT. ORLANDO, FL 32828 City Zip Code FI 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ... OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **DPS** TITLE ☐ Delete TITLE ☐ Change ☐ Addition HWANG, KIL HA NAME NAME STREET ADDRESS 1001 LANDVIEW CT. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32828 CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME HWANG, JONGCHUL NAME STREET ADDRESS 1001 LANDVIEW CT. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32828 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

FILED