


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90228 032 ***150.00

DOCUMENT # P99000034126	
1. Entity Name WKC SOLUTIONS INC.	

Principal Place of Business 134 MARCDALE BLVD INDIAN ROCKS BEACH, FL 33785	Mailing Address 134 MARCDALE BLVD INDIAN ROCKS BEACH, FL 33785
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2. Principal Place of Business 1476 Glenmore Dr.	3. Mailing Address 1476 Glenmore Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Apopka	City & State Apopka
Zip 32712	Country Orange
Zip 32712	Country Orange



04192005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3567989	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
CATHEY, WILLIAM K 134 MARCDALE BLVD INDIAN ROCKS BEACH, FL 33785	

7. Name and Address of New Registered Agent	
Name Cathey, William K.	
Street Address (P.O. Box Number is Not Acceptable) 1476 Glenmore Dr.	
City Apopka	FL Zip Code 32712

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 William K. Cathey	William K. Cathey 4/19/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CATHEY, WILLIAM K		NAME Cathey, William K	
STREET ADDRESS 134 MARCDALE BLVD		STREET ADDRESS 1476 Glenmore Dr, Apopka FL	
CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785		CITY-ST-ZIP 32712	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **William K. Cathey** **William K. Cathey** **4/19/05** **407 814 9644**