


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000062805
 1. Entity Name
KIM CONSULTING AND THERAPIES, INCORPORATED



Principal Place of Business Mailing Address
BAY PROF. BLDG., SUITE 102-B **4701 EAGLESHAM DRIVE**
2061 BAY PALM ROAD **ORLANDO, FL 32826-4020**
PALM BAY, FL 32905



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
05-0352090 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
KIM, JAMES
4701 EAGLESHAM DRIVE
ORLANDO, FL 32826

DO NOT WRITE 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:  **Apr. 11, '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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KIM, JAMES K
STREET ADDRESS	4701 EAGLESHAM DRIVE
CITY-ST-ZIP	ORLANDO, FL 32826
TITLE	T
NAME	LOCKEY, PETER CPA
STREET ADDRESS	1500 PROVIDENCE HWY.
CITY-ST-ZIP	NORWOOD, MA 02062
TITLE	S
NAME	KIM, YOUNG K
STREET ADDRESS	4701 EAGLESHAM DRIVE
CITY-ST-ZIP	ORLANDO, FL 32826
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 04/13/05-80080-019 158.75

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:  **Apr. 11, '05** **407-380-2472**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #