


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000062805

1. Entity Name
KIM CONSULTING AND THERAPIES, INCORPORATED



Principal Place of Business
**BAY PROF. BLDG., SUITE 102-B
 2067 BAY PALM ROAD
 PALM BAY, FL 32905**

Mailing Address
**4701 EAGLESHAM DRIVE
 ORLANDO, FL 32826-4020**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
05-0352090 Applied For
 Not Applied

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

6. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000427840
 02/21/06-80023-018 158.75

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	

DO NOT WRITE IN THIS SPACE

12. 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 empowers.

SIGNATURE: *Dr. James Kim* **Feb 3, 06** 321-729-9419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Mon., Wed. 77