


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 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 2061 BAY PALM ROAD PALM BAY, FL 32905	Mailing Address 4701 EAGLESHAM DRIVE ORLANDO, FL 32826-4020
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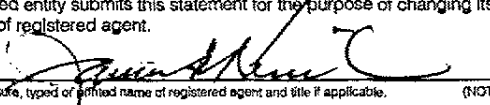
01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0352090	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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
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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:  (NOTE: Registered Agent signature required when reinstating)

DATE: **January 17, '07**

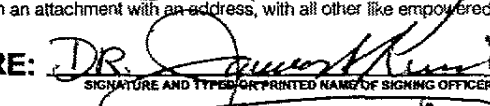
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIM, JAMES K 4701 EAGLESHAM DRIVE ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOCKEY, PETER CPA 1500 PROVIDENCE HWY. NORWOOD, MA 02062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KIM, YOUNG K 4701 EAGLEHAM DRIVE ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/22/07-80012-009 158.75

**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 empowered.

SIGNATURE:  **JAMES K. Kim, AP, Ph.D. DAM** 321-729-9419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jan. 17, '07