

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90068 042 ***150.00

DOCUMENT # P99000076239 1. Entity Name HKD LIMITED INC.																																																			
Principal Place of Business 2272 NOBLE CT 3283 Twilight Lane NAPLES, FL 34110		Mailing Address 2272 NOBLE CT NAPLES, FL 34110																																																	
2. Principal Place of Business 3283 Twilight Lane Suite, Apt. #, etc. #5604 City & State Naples FL Zip 34109 Country Collier		3. Mailing Address 3283 Twilight Lane Suite, Apt. #, etc. #5604 City & State Naples, FL Zip 34109 Country Collier																																																	
4. FEI Number 11-3346757		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 BELODOFF, BRUCE B 2272 NOBLE CT 3283 Twilight Lane NAPLES, FL 34110 34109		7. Name and Address of New Registered Agent Name Bruce B. Belodoff Street Address (P.O. Box Number is Not Acceptable) 3283 Twilight Lane #5604 City Naples FL Zip Code 34109																																																	
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: <u><i>B. Belodoff</i></u> Bruce B Belodoff 1/31/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																			
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																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P BELODOFF, BRUCE B 2272 NOBLE CT NAPLES, FL 34110 </td> <td style="width: 10%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELODOFF, BRUCE B 2272 NOBLE CT NAPLES, FL 34110	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3283 Twilight Lane #5604 Naples, FL 34109 </td> <td style="width: 10%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3283 Twilight Lane #5604 Naples, FL 34109	<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
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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: <u><i>B. Belodoff</i></u> Bruce B Belodoff 1/31/05 813-380 8033 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																			