2008 FOR PROFIT CORPORATION

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED **ANNUAL REPORT** Feb 11, 2008 08:00 AN **DOCUMENT # P99000079621** Secretary of State 1, Entity Name KING VENTURE CORPORATION Principal Place of Business Mailing Address 8016 ARLINGTON EXP 8016 ARLINGTON EXP JACKSONVILLE, FL 32211 JACKSONVILLE, FL 32211 02082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 38-3490034 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATEL, VIJAY DO NOT WRITE KINGS INN **8016 ARLINGTON EXPRESSWAY** IN THIS SPACE JACKSONVILLE, FL 32211 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. 218108 Signature, typed or priffed name of regist (NOTE: Registered Agent aignisture required whon remistating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE **PSTD** PATEL, JITENDRA B NAME STREET ADDRESS 28630 SOUTH FILED RD, SUITE 230 CITY-ST-ZIP LATHRUD VILLAGE, MI 48076 TITLE PATEL, VIJAY MAME 000000822003 02/19/08-80050-001 150.00 STREET ADDRESS 8016 ARLINGTON EXPRESSWAY CITY-ST-ZIP JACKSONVILLE, FL 32211 TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP

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:	Mai Patrel	2/8/08	904.745.334
BIGHATURE	AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR	Ceta	Deytime Phone #