## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 17, 2006 8:00 am Secretary of State **DOCUMENT # S07983** 04-17-2006 90402 030 \*\*\*150.00 1. Entity Name I.N.K.E.E., INC. Principal Place of Business Mailing Address ~~~~TUUJ 2550 SE WILLOUGHBY 861-C N. MILITARY TRAIL STUART, FL 34994 W. PALM BEACH, FL 33415 04072006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0228523 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KARACHALIAS, IOANNIS DO NOT WRITE 861-C N. MILITARY TRAIL WEST PALM BEACH, FL 33415 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME KARACHALIAS, IOANNIS STREET ADDRESS 861-C N. MILITARY TRAIL CITY-ST-ZIP WEST PALM BEACH, FL 33415 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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 empowered by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-71P

**FILED**