## 2006 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT Jan 17, 2006 08:00 AM **DOCUMENT # S30898 Secretary of State** 1. Entity Name K & K COMMUNICATIONS, INC. Principal Place of Business Mailing Address 9812 SE HIGHBORNE WAY 9812 SE HIGHBORNE WAY HOBE SOUND, FL 33455 HOBE SOUND, FL 33455 No Chg-P 01132006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0240790 \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent KING, GREGORY A DO NOT WRITE 9812 SE HIGHBORNE WAY HOBE SOUND, FL 33455 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PRES TITLE KING, GREGORY A NAME 9812 SE HIGHBORNE WAY STREET ADDRESS CITY-ST-ZIP HOBE SOUND, FL 33455 U00000386761 01/19/06-80012-005 158.75 TITLE NAME STREET AUDRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information inclicated on this report or supplementar 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/further 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:

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

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Applied For

Not Applicable