


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S74980</b>					
1. Entity Name <b>KWACK'S, INC.</b>					
Principal Place of Business <b>117 N. NARANJA AVE PORT SAINT LUCIE FL 34983</b>			Mailing Address <b>117 N NARANJA AVE. PORT ST LUCIE FL 34983</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0284892</b> Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KWACK, YONG UN                  1702 AVENUE "D"                  FORT PIERCE FL 34950</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 non-Mark.g) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00</b> May Trust Fund Contribution. <input type="checkbox"/> Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>KWACK, YONG UN</b>		NAME		
STREET ADDRESS	<b>1702 AVENUE "D"</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT PIERCE FL</b>		CITY-ST-ZIP		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>KWACK, CHANGPU</b>		NAME		
STREET ADDRESS	<b>1702 AVENUE "D"</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT PIERCE FL</b>		CITY-ST-ZIP		
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1st MOORE CR2E034 (10/05)

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5. Certificate of Status Desired  \$8.75 Additional Fee Required

**KWACK, YONG UN  
 1702 AVENUE "D"  
 FORT PIERCE FL 34950**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when non-Mark.g) DATE \_\_\_\_\_

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 persons empowered.

SIGNATURE: *Chang Pu Kwack* **CHANG PU KWACK** 2-24-06 372-252

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