2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2007 8:00 am Secretary of State

DOCUMENT # S85071 1. Entity Name K & E VENTURES, INC.							7 90115 022 *	**15	0.00
Principal Place	e of Business	Mailing Address	•] t	MANAAA	•		
10139 NW 31ST ST.		10139 NW 31ST ST.							
SUITE 202		SUITE 202							
CORAL SPRINGS, FL 33065-3908 CORAL SPRINGS, FL 33065-39			3002-3908			ADIO I DURII BOIRE ADOLI FI			III (
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122007	Chg-P	CR2E034 (12	/06)	
City & State		City & State			4. FEI Numbe 65-0320	FEI Number Applied For 65-0320208 Not Applicab			
Zip	Country Zip Cour		Country		5. Certificate of	of Status Desired	□ \$8.79 Fee Re		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
WHIDI AND WEITH				lame					
KURLAND, KEITH 10139 NW 31ST ST. SUITE 203			S	Street Address ((P.O. Box Numbe	r is Not Acceptabl	le)		
	PRINGS, FL 33065-3908								
			C	Dity			FL Zip	Code	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	s registered o	office or register	red agent, or both	n, in the State of Fl	lorida. I am familiar	with, a	and accept
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agr	ent signature required	d when reinstating)		DATE		
FILI	Signature, typed or printed name of registered agent E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa	aign Financin		d when reinstating) 5.00 May Be ded to Fees		DATE		
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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 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 in director of the corporation or the receiver or trustee empowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 orBlock 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/07 95/155/a/