


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 114330  
 1. Entity Name  
**KOMOKO CORPORATION**



Principal Place of Business C/O V. W. RICHARDS 10545 S.W. 52ND TERRACE MIAMI, FL 33165	Mailing Address C/O V. W. RICHARDS 10545 S.W. 52ND TERRACE MIAMI, FL 33165
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**DO NOT WRITE IN THIS SPACE**



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-6063999	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 WILLIAMS, SHARON  
 12742 VISTA PINE CIRCLE  
 FORT MYERS, FL 33913

**DO NOT WRITE 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]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RICHARDS, VANESSA W. 10545 SW 52ND TER MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLIAMS, SHARON L. 12742 VISTA PINE CIRCLE FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, CHARLES E. 12742 VISTA PINE CIRCLE FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000298201  
 04/11/05-80058-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* DATE: 4/7/05 DAYTIME PHONE #: (305) 279-3605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #