


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000001496

1. Entity Name
K.T. COMMUNICATIONS, INC.



Principal Place of Business
**1063 HILLSBORO MILE, #201
 HILLSBORO BEACH, FL 33062**

Mailing Address
**1063 HILLSBORO MILE, #201
 HILLSBORO BEACH, FL 33062**

DO NOT WRITE IN THIS SPACE



06082006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0732807

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
 Due by September 6, 2006**

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

U00000567342
 06/19/06-80003-016 550.00

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	TRAVIS, KATHY
STREET ADDRESS	1063 HILLSBORO MILE, #201
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062
TITLE	CD
NAME	TRAVIS, KATHY
STREET ADDRESS	1063 HILLSBORO MILE, #201
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062
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

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 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:  **6/06/06** **KATHY TRAVIS** **6-1-06** **945/545-0900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PRES/DIRECTOR