

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


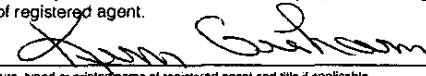
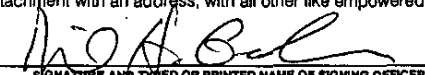
**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90037 033 \*\*\*150.00

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02242004 Chg-P CR2E034 (10/03)

DOCUMENT # J56296			
1. Entity Name K.D.A. ENTERPRISES, INC.			
Principal Place of Business 25352 GALASHIELDS CIRCLE BONITA SPRINGS, FL 34134		Mailing Address 25352 GALASHIELDS CIRCLE BONITA SPRINGS, FL 34134	
2. Principal Place of Business 23010 Whispering Ridge Dr Suite, Apt. #, etc.		3. Mailing Address 23010 Whispering Ridge Dr Suite, Apt. #, etc.	
City & State Bonita Springs, FL		City & State Bonita Springs, FL	
Zip 34135	Country USA	Zip 34135	Country USA
6. Name and Address of Current Registered Agent GRAHAM, KIM 25352 GALASHIELDS CIRCLE BONITA SPRINGS, FL 34134		4. FEI Number 59-2770774	
		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		7. Name and Address of New Registered Agent	
		Name Graham, KIM	
		Street Address (P.O. Box Number is Not Acceptable) 23010 Whispering Ridge Dr.	
		City Bonita Springs FL Zip Code 34135	
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 3/30/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME GRAHAM, DAVID	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 25352 GALASHIELDS CIRCLE	CITY-ST-ZIP BONITA SPRINGS, FL 34134	STREET ADDRESS 23010 Whispering Ridge Dr	CITY-ST-ZIP Bonita Springs FL 34135
TITLE VP <input type="checkbox"/> Delete	NAME GRAHAM, KIM	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 25352 GALASHIELDS CIRCLE	CITY-ST-ZIP BONITA SPRINGS, FL 34134	STREET ADDRESS 23010 Whispering Ridge Dr.	CITY-ST-ZIP Bonita Springs, FL 34135
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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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 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: 		DATE: 3/30/04 DAYTIME PHONE #: 239-390-1140	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
DAVID H. GRAHAM			