

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90253 008 ***158.75

DOCUMENT # *P05000031323*

1. Entity Name

KA'BAH CORPORATION



DO NOT WRITE IN THIS SPACE

J
60035604

2. Principal Place of Business

HOME

3. Mailing Address

1843 S.W. Hendry St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (8/05)

City & State

ARCADIA, FL.

City & State

ARCADIA, FL.

4. FEI Number

72-1595566

Applied For

Not Applicable

Zip

34266

Country

DESOTO

Zip

34266

Country

DESOTO

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Ray Edward Polk

Street Address (P.O. Box Number is Not Acceptable)

1855 SW HENDRY ST.

City

ARCADIA

FL

Zip Code

34266

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

Ray Polk
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-06

January 1 - May / Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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	<i>P= Ray Polk 1855 S.W. HENDRY ST. 1 ARCADIA, FL. 34266</i>
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ray Polk

4-30-06

Date

(863) 990-5678

Daytime Phone #