


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90110 021 \*\*\*150.00

**DOCUMENT # P99000069862**

1. Entity Name  
**KCQ INCORPORATED**



Principal Place of Business  
**665 SE 10TH STREET  
 SUITE 201  
 DEERFIELD BEACH, FL 33441**

Mailing Address  
**3170 N. FEDERAL HWY.  
 103 C  
 LIGHTHOUSE POINT, FL 33064**

**60026530**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
**Suite 201**

3. Mailing Address  
**665 SE 10th St**

04032006 Chg-P CR2E034 (11/05)

City & State  
**Deerfield Beach FL**

Zip  
**33441**

Country  
**US**

4. FEI Number  
**65-0974340**

Applied For  
 Not Applicable

City & State  
**Deerfield Beach FL**

Zip  
**33441**

Country  
**US**

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

6. Name and Address of Current Registered Agent  
**DICRESCEUZO, ANGELA  
 3170 N. FEDERAL HWY.  
 103 C  
 LIGHTHOUSE POINT, FL 33064**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. or Box Numbers Not Acceptable)  
**665 SE 10th Street  
 201**  
 City  
**Deerfield Beach FL** Zip Code  
**33441**

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: *Angela Dicresceuzo* DATE: 4/5/2006

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, 2006 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	SPD STRUNC, KITTRELL 3117 E. ROBIN LANE GILBERT, AZ 85296	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT STRUNC, RICHARD 3117 E. ROBIN LANE GILBERT, AZ 85296	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Angela Dicresceuzo* DATE: 3/6/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR