


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90244 023 ***150.00

DOCUMENT # P99000069862

1. Entity Name
KCQ INCORPORATED



Principal Place of Business Mailing Address

665 SE 10TH STREET 665 SE 10TH ST
 SUITE 201 SUITE 201
 DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

3117 E Robin Lane Suite, Apt. #, etc.

City & State City & State

Gilbert AZ City & State

Zip Country Zip Country

85296 *US* Zip Country

6. Name and Address of Current Registered Agent

DICRESCEUZO, ANGELA
 665 SE 10TH ST
 SUITE 201
 DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____
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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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: *Richard Strunc* Date: *1/5/2007* Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR