2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P01000014634

Entity Name: KMA CAPITAL PARTNERS, INC.

Current Principal Place of Business:

7658 MUNICIPAL DR.
ORLANDO, FL 32819

New Principal Place of Business:

5815 GUENEVERE COURT
ST CLOUD, FL 34772

Current Mailing Address:

7658 MUNICIPAL DR.
ORLANDO, FL 32819

New Mailing Address:

PO BOX 701313
ST CLOUD, FL 34770

FEI Number: 59-3750120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEIN, DONALD M
7658 MUNICIPAL DR
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

CALAWAY, DOUG
5815 GUENEVERE COURT
ST CLOUD, FL 34772 US

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.

SIGNATURE: DOUG CALAWAY 04/30/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SIMPKINS, CARL
Address: 3359 HORSESHOE BEND CT
City-St-Zip: LONGWOOD, FL 32779

Title: PD ( ) Delete
Name: CALAWAY, DOUGLAS
Address: 5815 GUENEVERE COURT
City-St-Zip: SAINT CLOUD, FL 34772

Title: D ( ) Delete
Name: SALISBURY, ELLEN
Address: 7658 MUNICIPAL DR
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: JUE, BRIAN
Address: 92 CORPORATE PARK SUITE C300
City-St-Zip: IRVINE, CA 92606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUG CALAWAY DIR 04/30/2008
Electronic Signature of Signing Officer or Director Date