


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

03-08-2007 90004 028 ***150.00


DOCUMENT # P03000051256	
1. Entity Name K & B CONCRETE, INC.	

Principal Place of Business 3773 CENTRAL AVENUE SUITE A797 ST PETERSBURG, FL 33713 US	Mailing Address 3773 CENTRAL AVENUE SUITE A797 ST PETERSBURG, FL 33713 US
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2. Principal Place of Business - No P.O. Box # 8950 DR MLK ST NORTH Suite, Apt. #, etc. Suite 130	3. Mailing Address PO BOX 55368 Suite, Apt. #, etc.
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City & State St Petersburg FL	City & State St Petersburg FL
Zip 33702	Country USA
Zip 33732	Country USA

40031480



01152007 Chg-P CR2E034 (12/06)

4. FEI Number 58-2669328	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 WINEBRENNER, JACK M 3773 CENTRAL AVENUE SUITE A003 ST PETERSBURG, FL 33713	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	8950 Dr Martin Luther King St North
	Suite #130
City	St Petersburg FL
Zip Code	33702

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EAVES, LELAND <input type="checkbox"/> Delete 12801 LAFAYETTE D105 DENVER, CO 80241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COSE, KARMA <input type="checkbox"/> Delete 2401 301/2 AVE S 303 FARGO, ND 58103
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition THORNTON CO 80241
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:  **LELAND EAVES** **3/1/07** **727/327-1202**
Signature and typed or printed name of signing officer or director Date Daytime Phone #