FILED Feb 24, 2006 8:00 am Secretary of State

2006 FOR PROFIT CORPORATIO ANNUAL REPORT								
DOCUMENT # P05000130363								
1. Entity Name	1							

DOCUMENT # P05000130363 1. Entity Name KMS CONSTRUCTION COMPANY						02-24-2006	90004 04	5 ***150	0.00	
Principal Place of Business 80 ROYAL PALM POINTE SUITE 203 VERO BEACH, FL 32960			Mailing Address 80 ROYAL PALM POINTE SUITE 203 VERO BEACH, FL 32960		111111111	, • - , , , , , , , , , , , , , , , , ,	IN 11880 INTIL 8818	.	1 00 # (1 11 #)	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02012006	Chg-P	CR2E03	4 (11/05)	· <u>· · · · · · · · · · · · · · · · · · </u>
City & State		City & State			4. FEI Numb			No	plied For t Applicable	
Zíp	Zip Country		Zip Coun		try		of Status Desired	<u></u> г	8.75 Addi ee Required	
	6. Name	and Address of Current F	Registered Agent		Name	7. Name and	Address of New Ro	egistered Aç	jent	
SMITH, JOHN D 80 ROYAL PALM POINTE SUITE 203 VERO BEACH, FL 32960			Street Address (P.O. Box Number is Not Acceptable)							
					City FL Zip Code					
	named entit ions of regis	y submits this statement for tered agent.	the purpose of changing it	s register	I ed office or regis	stered agent, or bo	olh, in the State of Flo	rida. I am fa	miliar with, a	and accept
Old IV I On E	Signature, typeo	or printed name of registered agent a	nd title if applicable (NO	TE: Registere	d Agent signature requ	ured when reinstating)		DATE		
		FEE IS \$150.00 6 Fee will be \$550.0	9. Election Campa Trust Fund Con	-		5.00 May Be Added to Fees				
10.		OFFICERS AND (11.		ADDITIONS	CHANGES TO OFFI		_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1			(Change	☐ Addition	
HTLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					1	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		- 1			(☐ Change	Addition
TITLE NAME SIREET ADDRESS CITY-ST-ZIP			☐ Delete		1				Change	Addilion
TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Delete		i				☐ Change	Addition
of the cor	poration or t	e information supplied with rt or supplemental report is he receiver or trustee empo achment with an address, w	wered to execute this repor	t as requi	emptions contain ture shall have the red by Chapter (ned in Chapter 11: he same legal effe 607, Florida Statuti	9, Florida Statutes. I ct as if made under o es; and that my name	further certify eath; that I and appears in	that the in an officer of Block 10 or	formation or director Block 11 if

SIGNATURE: