2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000001484

KAMM, ROBERT

1570 S.E. 8TH ST.

DEERFIELD BEACH, FL 33441

Name:

Address:

City-St-Zip:

FILED Feb 13, 2007 Secretary of State

Entity Nai	me: R.A. KAN	1M & ASSOCIATES, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
	IEWPORT CE LD BEACH, FL					
Current M	lailing Addres	ss:	New Mailing Address:			
	IEWPORT CE LD BEACH, FL					
FEI Number	: 65-0471018	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Address of	New Registered Agent:	
	DBERT A IEWPORT CE LD BEACH, FL					
	named entity e of Florida.	submits this statement for the լ	ourpose of changing it	ts registered	office or registered agent, or bo	oth,
SIGNATUR	RE:					
	Electron	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	EVP (BROWN, BRAI 32801 HWY 44 OKEECHOBEE	1 NO. LOT 2	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (GONZALEZ, R 1171 SW 13TH BOCA RATON,	I PLACE	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	CONNERS, RC 517 EAST MOS) Delete BERT L SE WOOD TRACE BEACH, FL 32082	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	MERIWEATHE	BURY GLEN CT.	Title: Name: Address: City-St-Zip:	MERIWEATH	CANYON PARK	
Title:	CEOD () Delete	Title:	(() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT A. KAMM CEO 02/13/2007