2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# 344600

Entity Name: KING PROVISION CORPORATION

Current Principal Place of Business:

ONE INDEPENDENT DR.
SUITE #3120
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

ONE INDEPENDENT DR.
SUITE #3120
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-1283120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEIN, DAVID
220 PONTE VEDRA PARK DRIVE
SUITE 160
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: STEIN, DAVID
Address: 220 PONTE VEDRA PARK DRIVE,
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: VD ( ) Delete
Name: STEIN, MARTIN E JR
Address: ONE INDEPENDENT DRIVE, SUITE #3120
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VD ( ) Delete
Name: STEIN, RICHARD W
Address: ONE INDEPENDENT DRIVE, SUITE #3120
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VD ( ) Delete
Name: STEIN, ROBERT L
Address: ONE INDEPENDENT DRIVE, SUITE #3120
City-St-Zip: JACKSONVILLE, FL 32202 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VCD (X) Change ( ) Addition
Name: STEIN, DAVID
Address: 220 PONTE VEDRA PARK DRIVE,
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: VPD (X) Change ( ) Addition
Name: STEIN, MARTIN E JR
Address: ONE INDEPENDENT DRIVE, SUITE #3120
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VPD (X) Change ( ) Addition
Name: STEIN, RICHARD W
Address: ONE INDEPENDENT DRIVE, SUITE #3120
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: CPD (X) Change ( ) Addition
Name: STEIN, ROBERT L
Address: ONE INDEPENDENT DRIVE, SUITE #3120
City-St-Zip: JACKSONVILLE, FL 32202 US

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: ALEXA DANIELS S 04/28/2009

Electronic Signature of Signing Officer or Director — Date