


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 348399
 1. Entity Name
 KP BUSINESS HOLDINGS, INC.



Principal Place of Business Mailing Address
 2100 LAKE EUSTIS DR. 2100 LAKE EUSTIS DR.
 TAVARES, FL 32778 TAVARES, FL 32778

DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)
 4. FEI Number Applied For
 59-2493271 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CAMPIONE, DAVID
 600 JENNINGS AVE
 EUSTIS, FL 32726

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SHAMROCK, KEITH J 2100 LAKE EUSTIS DRIVE TAVARES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHAMROCK, PATRICIA B 2100 LAKE EUSTIS DRIVE TAVARES, FL
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1000010546028
 05/11/06-80098-005 150.00

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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: Keith J. Shamrock Date: 4/27/06 Daytime Phone #: 352-343-6677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR