2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

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SIGNATURE 2

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 13, 2006 8:00 am Secretary of State DOCUMENT # 402590 1. Entity Name 04-13-2006 90291 046 ***150.00 KEMMERER SALES, INC. Principal Place of Business Mailing Address 6831 NW 37TH AVENUE MIAMI FL 33147 6831 NW 37TH AVENUE **MIAMI FL 33147** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1369213 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ithering ton WITHERINGTON, JULIAN R. SR. Number is Not Acceptable HARbor Drive 3445 N.E. 167TH STREET N. MIAMEBCH. FL 33160 Zip Code 33180 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. SIGNATUREA (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be , After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ■ Addition Witherington, Julian R. SR. 3598 YAtch HARbor DRIVE, NAME NAME STREET ADDRESS 3445 N.E. 167TH STREET STREET ADDRESS Building # 1- Apt. #503 - Aventura, Fl 33180 CITY-ST-ZIP N. MIAMI BCH. FL CITY-ST-ZIP ST ☐ Delete TITLE ☐ Addition WITHERINGTON, THOMAS L. NAME STREET ADDRESS 6831 NW 37TH AVENUE STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP MIAMI FL TITLE ☐ Delete TITLE Change ■ Addition NAME WITHERINGTON, JULIAN R. JR. NAME STREET ADDRESS STREET ADDRESS 6831 NW 37TH AVENUE CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z(P ☐ Delete Change TITLE TITLE [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED