2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 421730

Entity Name: KIMRE, INC..

FILED Jan 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 16201 SW 95 AVE, #303 MIAMI, FL 33157 **Current Mailing Address: New Mailing Address:** PO BOX 571240 MIAMI, FL 332571240 US FEI Number: 59-1513528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PEDERSEN, GEORGE C. 16201 SW 95 AVE, #303 MIAMI, FL 33157 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition PEDERSEN, GEORGE C, PEDERSEN, GEORGE C Name: Name: 16201 SW 95 AVE, SUITE 303 16201 SW 95 AVE, SUITE 303 Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33157 Title: Title: () Delete (X) Change () Addition Name: WYATT, JOHANNA. Name: WYATT, JOHANNA 110 CAMP JOY RD. 340 SPRING LAKE HILLS ROAD Address: Address: INTERLACHEN, FL 32148 ALTAMONTE SPRINGS, FL 32714 City-St-Zip: City-St-Zip: () Delete Title: VPD Title: () Change () Addition PEDERSEN, MARRIETTA Name: Name: 727 WEST POLE RD Address: Address: City-St-Zip: FERNDALE, WA 982488809 City-St-Zip: Title: () Delete Title: (X) Change () Addition ORR, MARTINE, ORR, MARTINE Name: Name: Address: 1010 S ORAIBI CT Address: 1010 S ORAIBI CT City-St-Zip: PUEBLO WEST, CO 81007 City-St-Zip: PUEBLO WEST, CO 81007 Title: Title: (X) Change () Addition () Delete POWER, FRANK Name: SIMONS, MICHAEL A., Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

15111 SW 145 STREET

MIAMI, FL 33196

SIGNATURE: FRANK POWER P 01/14/2005

1925 BRICKELL AVE. APT. D806

MIAMI, FL 33129

Address: City-St-Zip: