2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Apr 14, 2008 08:00 A Secretary of State DOCUMENT # F06000002495 1. Entity Name K.C. SPOTTING, INC. Principal Place of Business Mailing Address 4205 SAUGAHATCHEE HILLS CT. P.O. BOX 2026 OPELIKA, AL 36801 OPELIKA, AL 36803-2026 CR2E034 (11/05) 04092008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 63-1264061 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILAM, BEN DO NOT WRITE 6537 FERBER ST JACKSONVILLE, FL 32277 IN THIS SPACE 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. Ben Milam 4/9/08 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 24:08-80017-008 150.00 10. OFFICERS AND DIRECTORS TITI F CP CHASTAIN, NELSON A. NAME 4205 SAUGAHATCHEE HILLS CT. STREET ADDRESS CITY-ST-ZIP OPELIKA, AL 36801 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nelson A. Chastain,