2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F07996

1. Entity Name
KCI MANAGEMENT, INC.

Principal Place of Business	Mailing Address
11913 SR 54 ODESSA, FL 33556 US	P.O. BOX 679 ELFERS, FL 34660

DO NOT WRITE IN THIS SPACE

05082007   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-2037166	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

KEYS, GLEN
11913 SR 54
ODESSA, FL 34680

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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____

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

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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

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10.   OFFICERS AND DIRECTORS

TITLE	C
NAME	KEYS, GLEN,
STREET ADDRESS	P.O. BOX 679 N/A
CITY-ST-ZIP	ELFERS, FL 34680

TITLE	TD
NAME	KEYS, MARTHA
STREET ADDRESS	P O BOX 679 N/A
CITY-ST-ZIP	ELFERS, FL

TITLE	P
NAME	KEYS, CLYDE J.
STREET ADDRESS	P O BOX 679 N/A
CITY-ST-ZIP	ELFERS, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000765064
05/31/07-80024-010 550.00

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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: _____   5/8/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #