


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90072 041 \*\*\*158.75

**DOCUMENT # F96000001356**

1. Entity Name  
**KINROSS CORPORATION OF MARYLAND**



Principal Place of Business      Mailing Address

P.O. BOX 740      P.O. BOX 740  
 BOKEELIA, FL 33922      BOKEELIA, FL 33922

**DO NOT WRITE IN THIS SPACE**

01252005    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**52-1187148**

Applied For  
 Not Applicable

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

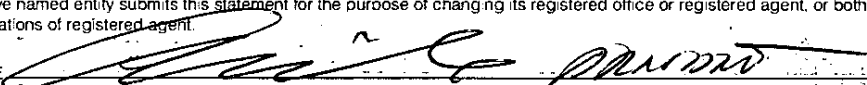


6. Name and Address of Current Registered Agent

**MILNE, ANDREW C**  
**CAPTAIN HARBOR DRIVE UNIT #8785**  
**#1103**  
**BOKEELIA, FL 33922**

**DO NOT WRITE 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.

SIGNATURE  DATE **1/28/05**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

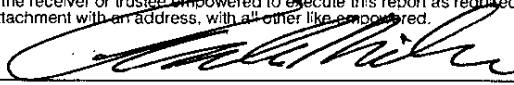
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTIAN, DIANNE M 1188 LEXINGTON DRIVE DUNKIRK, MD <i>260 So. REYNOLDS ST UNIT 1103 ALEXANDRIA, VA, 22304</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STRAUS, JUSTINE A 11785 BELTSVILLE DRIVE, 10TH FLOOR CALVERTON, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MILNE, ANDREW C CAPTAIN HARBOR DRIVE # 1103 BOKEELIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE: **1/28/05** DAY/TO PHONE #: **239-283-0778**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      DAY/TO PHONE #