2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 24, 2006 08:00 AM DOCUMENT-# H64033 **Secretary of State** 1. Entity Name KUZ-MEDICS, INC. Principal Place of Business Mailing Address 2596 OLD MILITARY TRAIL 2596 OLD MILITARY TRAIL WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417 2. Principal Place of Business 3. Mailing Address Sune Apt #, etc. Suite, Apr. #, etc 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2554859 Not Applican Zip Country 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 Name KUZMICK, KENNETH M 2596 OLD MILITARY TR Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33417 City Zio Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Eignature, lyped or printed name of regulated agent and little if applicable (NQTE Registered Agent signature required when revisialists) DAIL FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State tQ. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. me ☐ Delete TIFLE ☐ Change ☐ Admir NAME KUZMICK, KENNETH M. NAME STREET ADDRESS 2596 OLD MILITARY TR. SHIFT ADDRESS Hirman)446319 CITY-ST-ZIP WEST PALM BEACH FL 33417 CITY-ST-ZIP <u> 113/08/06 80008-014 150.00</u> IIILE ☐ Delete TITLE ☐ Change Aria MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DIY-ST-DY 33765 ☐ Detete ula D Change D AJU NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ШŁЕ ☐ Delete TITLE ☐ Channe □ Ad-NAME MAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP BUE Delete TITLE Change □ Aú. NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST-ZIP TITLE Delete Hitt ☐ Change □ Air NAME MAM STREET ADDRESS STREET ADDRESS City-ST-ZIP CLTY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 path, that I am an officer or directly 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 if changed, or on an attachment with an address, with all other fixe empowered.

SIGNATURE:

2/20/00

Davimo Phone #

**FILED**