
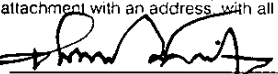


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90030 039 \*\*\*150.00

<b>DOCUMENT # K51410</b> 1. Entity Name <b>KVS CONSULTANTS CORPORATION</b>					
Principal Place of Business <b>777 E. ATLANTIC AVE SUITE 303 DELRAY BEACH, FL 33483 US</b>			Mailing Address <b>777 E. ATLANTIC AVE SUITE 303 DELRAY BEACH, FL 33483 US</b>		
2. Principal Place of Business - No P.O. Box # <b>96 NE 4TH AVENUE</b> Suite, Apt. #, etc.		3. Mailing Address <b>96 NE 4TH AVENUE</b> Suite, Apt. #, etc.			
City & State <b>DELRAY BEACH, FL</b>		City & State <b>DELRAY BEACH, FL</b>		4. FEI Number <b>65-0087254</b>	
Zip <b>33483</b>		Country <b>PALM BCH</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KAVOORAS, JOHN P 777 EAST ATLANTIC AVENUE SUITE 303 DELRAY BEACH, FL 33483</b>			7. Name and Address of New Registered Agent Name <b>THOMAS A. SMITH</b> Street Address (P.O. Box Number is Not Acceptable) <b>96 NE 4TH AVENUE</b> City <b>DELRAY BEACH</b> <b>FL</b> Zip Code <b>33483</b>		
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVD KAVOORAS, JOHN 777 E. ATLANTIC AVE, SUITE 303 DELRAY BEACH, FL 33483</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR, PRESIDENT WILLIAM J. MANIKAS 639 EAST OCEAN AVENUE, #307 BOYNTON BEACH, FL 33435</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER/DIRECTOR THOMAS A. SMITH, CPA 96 NE 4TH AVENUE DELRAY BEACH, FL 33483</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE</b> 			<b>BY: THOMAS S. MITH, TREASURER 561-276-7468</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		