2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 14, 2005 08:00 AM Secretary of State **DOCUMENT # K55873** 1. Entity Name KSW CORP. Principal Place of Business Mailing Address % RANDOLPH C. GARNER % RANDOLPH C. GARNER 1273 S. MILITARY TRAIL 1273 S. MILITARY TRAIL W. PALM BEACH, FL 33415 W. PALM BEACH, FL 33415 01282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0188523 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARNER, RANDOLPH C. DO NOT WRITE 1273 S. MILITARY TRAIL W. PALM BEACH, FL 33415 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 Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE WESTON, KAREN S. NAME 1273 S. MILITARY TRAIL STREET ADDRESS CITY-ST-ZIP W. PALM BEACH, FL U00000303436 44/44/65-80002-013 ISO,00 STD TITLE GARNER, RANDOLPH C. NAME STREET ADDRESS 1273 S. MILITARY TRAIL CITY-ST-ZIP W. PALM BEACH, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

NG OFFICER OR DIRECTOR

5T/-965-0700