2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L07000035137

Entity Name: KBLD, LLC

Current Principal Place of Business:

11512 LAKE MEAD AVENUE, #405
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

PO BOX 7643 GATE PARKWAY
STE 104 PMB 188
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-8728597 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BALASKIEWICZ, KIM
11512 LAKE MEAD AVENUE STE 405
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BALASKIEWICZ, KIM
Address: 3800 MICHAELS LANDING CIRCLE E
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM ( ) Delete
Name: GNP SERVICES, CPA, P.A.
Address: 357 STILES AVENUE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KIM BALASKIEWICZ MGRM 04/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date