2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L27977

Entity Name: KAB MANAGEMENT CONSULTANTS, INC.

FILED Aug 08, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

17133 ERICAROSE CT. ST. ANDREWS BOCA RATON, FL 33496

Current Mailing Address: New Mailing Address:

17133 ERICAROSE CT. 10324 S. DOLFIELD RD. ST. ANDREWS OWINGS MILLS, MD 21117 BOCA RATON, FL 33496

FEI Number: 65-0163410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLUM, KENNETH L SR. 17133 ERICAROSE COURT ST. ANDREWS BOCA RATON, FL 33496 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: BLUM, KENNETH L SR. Name: BLUM, KENNETH L SR.

Address: 17133 ERICAROSE COURT ST. ANDREWS Address: 17133 ERICAROSE COURT ST. ANDREWS

City-St-Zip: BOCA RATON, FL City-St-Zip: BOCA RATON, FL 33496

Title: V () Delete Title: VST (X) Change () Addition

 Name:
 BLUM, KENNETH L II
 Name:
 BLUM, KENNETH L II

 Address:
 12639 WATERSPOUT CT.
 Address:
 12639 WATERSPOUT CT.

 City-St-Zip:
 OWINGS MILLS, MD 21117
 City-St-Zip:
 OWINGS MILLS, MD 21117

Title: ST (X) Delete Title: () Change () Addition

 Name:
 DE LA TORRE, MILDA
 Name:

 Address:
 5800 SW 127 AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33183
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH L BLUM II VST 08/08/2006