2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L62384

Entity Name: KMD EXECUTIVES, INC.

SIGLER, GERALD

SEMINOLE, FL 33776

1000 131 ST. N.

Name:

Address:

City-St-Zip:

FILED Apr 19, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: C/O REALTY EXECUTIVES 4020 PARK ST NORTH STE 101 ST. PETERSBURG, FL 33709 **Current Mailing Address: New Mailing Address:** C/O REALTY EXECUTIVES 4020 PARK ST NORTH STE 101 ST. PETERSBURG, FL 33709 FEI Number: 59-3004427 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: QUINTY, KATHY C/O REALTY EXECUTIVES 4020 PARK ST NORTH STE 101 ST. PETERSBURG, FL 33709 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WEINGART, JEANNE Name: Name: 10256 106 TERR N Address: Address: City-St-Zip: SEMINOLE, FL City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: DAFNIS, DAVID Name: 323 7 AVE N Address: Address: TIERRA VERDE, FL 33715 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition MEADOWS, LARRY Name: Name: 106 1ST F #316 Address: Address: City-St-Zip: TIERRA VERDE, FL 33707 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: KATHY QUINTY P 04/19/2006