2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90114 050 ***150.00

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DOCUMENT # M14375

1. Entity Name
K.C. PRINTING CONSULTANTS, INC.

Principal Place of Business	Mailing Address
10940 S.W. DARDANELLE DR. PORT SAINT LUCIE, FL 34987-2143	10940 S.W. DARDANELLE DR. PORT SAINT LUCIE, FL 34987-2143

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03182005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2525663
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE BREEN LAW FIRM PA
4284 SOUTH UNIVERSITY DR.
FORT LAUDERDALE, FL 33328-3007

7. Name and Address of New Registered Agent

Name: Julia J. Disbrow
Street Address (P.O. Box Number is Not Acceptable): 10940 SW Dardanelle Dr.
City: Port Saint Lucie FL Zip Code: 34987-2143

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: Julia J. Disbrow Sec./Trea./Dir. Julia J. Disbrow DATE: 3/17/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD DISBROW, KENNETH C. 10940 S.W. DARDANELLE DR. PORT SAINT LUCIE, FL 349872143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DISBROW, JULIA J 10940 S.W. DARDANELLE DR. PORT SAINT LUCIE, FL 349872143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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: Julia J. Disbrow Sec./Treas./Dir. Julia J. Disbrow Date: 3/17/05 Daytime Phone #: 954-298-8886 (cell)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR