

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000784

FILED
May 09, 2006
Secretary of State

Entity Name: KISS TRUST, INC.

Current Principal Place of Business:

154 SEBRING DRIVE
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

154 SEBRING DRIVE
TAVERNIER, FL 33070

New Mailing Address:

FEI Number: 65-0474101 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DELVALLE, CARLOS
154 SEBRING DRIVE
TAVERNIER, FL 33070 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

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: DELVALLE, CARLOS
Address: 154 SEBRING DRIVE
City-St-Zip: TAVERNIER, FL 33070

Title: VPT () Delete
Name: DELVALLE, SUSAN
Address: 154 SEBRING DRIVE
City-St-Zip: TAVERNIER, FL 33070

Title: ST () Delete
Name: SCIANIMANICO, SHARON
Address: 812 NARRAGANSETT LANE
City-St-Zip: KEY LARGO, FL 33037

Title: DD () Delete
Name: KING, ANJANETTE
Address: 40 HIGH POINT RD.
City-St-Zip: TAVERNIER, FL 33070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS DELVALLE

PT

05/09/2006

Electronic Signature of Signing Officer or Director

Date