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Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90294 016 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000056811

1. Entity Name
KLM GROUP SERVICES, INC.

Principal Place of Business	Mailing Address
3507 N.W. 10TH AVENUE OAKLAND PARK, FL 33309	3507 N.W. 10TH AVENUE OAKLAND PARK, FL 33309

600046404

04142005 Chg-P CR2E034 (10/03)

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

4. FEI Number: 65-1014465 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MORRISSEY, KAREN
2881 NE 55TH PLACE
FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name: KAREN MORRISSEY
Street Address (P.O. Box Number is Not Acceptable): 2100 S. Ocean Dr. #14CD
Fort Lauderdale,
City: FL Zip Code: 33316

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: Karen Morrissey 4/18/05

Signature, typed or printed name of registered agent and title if applicable. (Only registered agent signature required when changing)

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		Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	Change	Addition
TITLE	PD	☐	TITLE	☐	☐
NAME	MORRISSEY, LAWRENCE T		NAME		
STREET ADDRESS	3507 N.W. 10TH AVENUE		STREET ADDRESS		
CITY ST ZIP	OAKLAND PARK, FL 33309		CITY ST ZIP		
TITLE	SVTD	☐	TITLE	☐	☐
NAME	MORRISSEY, KAREN		NAME		
STREET ADDRESS	3507 N.W. 10TH AVENUE		STREET ADDRESS		
CITY ST ZIP	OAKLAND PARK, FL 33309		CITY ST ZIP		
TITLE		☐	TITLE	☐	☐
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		☐	TITLE	☐	☐
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CITY ST ZIP			CITY ST ZIP		
TITLE		☐	TITLE	☐	☐
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		

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: Karen Morrissey 4/18/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #