


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P00000098833 |  |
| 1. Entity Name KSB BOOKKEEPING SERVICE INC. | |

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| Principal Place of Business 7043 GILA LANE WEST PALM BEACH, FL 33411 | Mailing Address 7043 GILA LANE WEST PALM BEACH, FL 33411 |
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04172004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-1048707 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent BYERLY, KATHLEEN 7043 GILA LANE WEST PALM BEACH, FL 33411 | DO NOT WRITE IN THIS SPACE |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE 04/21/04 |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 04/21/04-80005-020 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BYERLY, KATHLEEN 7043 GILA LANE WEST PALM BEACH, FL 33411 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <i>Kathleen Byerly</i> | <i>Kathleen Byerly</i> | 4-19-04 | 561-818-7785 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | <small>Daytime Phone #</small> |