2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000022493

1. Entity Name
KMP MARKETING GROUP, INC.

FILED
06 OCT 20 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
391 S.E. 12TH STREET POMPANO BEACH, FL 33060	391 S.E. 12TH STREET POMPANO BEACH, FL 33060

04112005 No Chg-P CR2E034 (10/03) 06

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1082574
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POULIN, KATHLEEN M
391 S.E. 12TH STREET
POMPANO BEACH, FL 33060

DO NOT WRITE IN THIS SPACE

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 Kathleen Poulin - Siedow 10/17/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE	P
NAME	POULIN-SIEDOW, KATHLEEN
STREET ADDRESS	391 S.E. 12TH STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

04/24/06 90407 016 $150.00

I was notified that I had not signed the original when I submitted my check.
Kathleen Poulin - Siedow

$ 10/25

WRITE SPACE

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: Kathleen Poulin - Siedow 10/17/06 786-223-9528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #