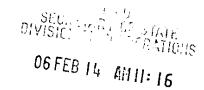
2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P01000043778 1. Entity Name KMK HOLDING COMPANY Principal Place of Business Mailing Address 650 CARTER ROAD 650 CARTER ROAD P.O. BOX 5816 P.O. BOX 5816 WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787





DO NOT WRITE IN THIS SPACE

01242006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 59-3737040 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent KELLY, KENNETH M 650 CARTER ROAD

DO NOT WRITE

| WINTER GARDEN, FL 34787 | | | 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 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, 2006 Fee will be \$550.00 | | Election Campaign Financing Trust Fund Contribution. | | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | CTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KELLY, SR, KENNETH M 650 CARTER ROAD WINTER GARDEN, FL 34787 | | | | |
| TITLE | | | | | |
| NAME STREET ADDRESS | | • | | 500 | MATRATTE |
| CITY-ST-ZIP | | | | 02714/0 | 1065847355 6007024 **:500 % |
| TITLE | | | | | |
| NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | DO N | OT WRITE |
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| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | • |
| TITLE | | | | | • |
| NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 12 I hereby o | partify that the information supplied with this file | ing does not qualify for the exempti | 200 000 | stained in Chapter 110. Fin- | rists Canada I for the constitution of the con |

indicated on this report or supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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:

NG OFFICER OR DIRECTOR