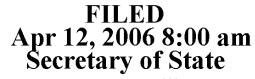
## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # P01000068679



04-12-2006 90082 012 \*\*\*150.00

1. Entity Nam KISSIMM	EE MAIN STREET ENTERP	RISES, INC.					
Principal Place of Business  568-EAST-OSCEOLA PARKWAY  KISSIMMEE, FL 34744		Mailing Address  -588 EAST OSCEOLA PARKWAY -KISSIMMEE, FL 34744-		40047139			
2. Principal P 2776 Suite, Apt.	lace of Business N. Wanze BlsmTr #, etc.	-3. Mailing Address . 2776 AV. Ov. Suite, Apt. #, etc.	ange Blsm.	04102006 Chg-P	CR2E034 (11/05)		
Žio .	nnee F/	City &, State KISSIMME	e F/	FEI Number     59-3741078      Certificate of Status Desire	N 88.75 Ad		
347	6. Name and Address of Current R	34/47	UJA	7. Name and Address of Ne	Fee Require	bd	
BOYER, MICHAEL  568 EAST OSCEOLA PARKWAY  KISSIMMEE, FL 34744  27 76 N. Orange Blsm. To.			Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)			
X/ 70 K/50	immee Fl	315M. 18. 34744	City		FL Zip Cox	le	
8. The above the obligat	named entity submits this statement for tons of registered agent.	he purpose of changing its re	egistered office or regist	ered agent, or both, in the State o	f Florida. I am familiar with	, and accept	
SIGNATURE	finature, typed or printed name of registered agent and	d title if applicable. (NOTE: R	Registered Agent signature requir	red when reinstating)	DATE		
FIL	e () E NOW!!! FEE IS \$150.00 ay 1) 2006 Fee will be \$550.00	9. Election Campaign Trust Fund Contrib		5.00 May Be ided to Fees			
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	IS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	PSD BOYER, MIKE PO BOX 120225 CLERMONT, FL 34712	☐ Delele	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DONAHER, JOSEPH 31 JESTER CRT SCHENECTADY, NY 12304	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1ITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Change	☐ Addilion	
of the cor	certify that the information supplied with It on this report or supplemental report is to poration or the receiver or trustee empow or on an attachment with an address, with	rue and accurate and that my rered to execute this report as	gionati iro ghall havo the	a cama langi aliant ar il mada uno	for oath: that I am an office:	r or director I	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR BOYER Day 10 / 06 407-518-6656