

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027266

**FILED**  
**Jul 07, 2006**  
**Secretary of State**

**Entity Name:** KBL PROPERTY MANAGEMENT USA, INC.

**Current Principal Place of Business:**

423 W VINE STREET  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

324 LAKESHORE PARKWAY  
DAVENPORT, FL 33896

**Current Mailing Address:**

423 W VINE STREET  
KISSIMMEE, FL 34741

**New Mailing Address:**

324 LAKESHORE PARKWAY  
DAVENPORT, FL 33896

**FEI Number:** 59-3665569

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SYED, AZFAR H  
423 W VINE STREET  
KISSIMMEE, FL 34741 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LYNCH, KARL B  
Address: 423 W. VINE ST  
City-St-Zip: KISSIMMEE, FL 34741

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LYNCH, KARL B  
Address: 8695 SWEETWATER TRAIL  
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARL LYNCH

P

07/07/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date