2004 FOR PROFIT CORPORATION

SIGNATURE:

Jan 23, 2004 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P02000029839** 01-23-2004 90019 049 ***150.00 PROSPECT DATA OF K.C. INCORPORATED Principal Place of Business Mailing Address 108 SE 3RD ST 279 SE 3RD ST POMPANO BEACH, FL 33050 LEES SUMMIT, MO 64063 3. Mailing Address Suite, Apt. #, etc. 01122004 Chg-P CR2E034 (10/03) City & State 4. FEi Number Applied For 01-0649311 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRANDS, RICHARD P 279 SE 3RD ST Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH, FL 33060 Zip Code 9. 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 (NOTE: Registered Agent signature required when retrizing) \$5.00 May Be Added to Fees 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Treasurer Drands Richard Brands 2795E3rd tue AmpaniBch FL 33060 TITLE Deleie TITLE Addition BRANDS, RICHARD P MAME NAME STREET ADDRESS 279 SE 3RD AVE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33060 COY-ST-782 TITLE Delete TIT) F ☐ Addition NAME DEBITETTO, RICHARD L NAME 108 SE 3RD ST STREET ADDRESS STREET ADDRESS LEES SUMMIT, MO 64063 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-7/P ☐ Delete Addition TITLE Change | NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 expowered.

OFFICER OR DIRECTOR

FILED

Daytime Phone #