


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90042 006 ***150.00

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| DOCUMENT # P02000036166 |  |
| 1. Entity Name KB CONSTRUCTION OF SO. FLORIDA, INC. | |

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| Principal Place of Business 5035 WILES ROAD 206 COCONUT CREEK, FL 33073 | Mailing Address 5035 WILES ROAD 206 COCONUT CREEK, FL 33073 |
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|-------------------------------------------------------------------|-----------------------------------|
| 2. Principal Place of Business 10276 LITTLE MUSTANG WAY | 3. Mailing Address SAME |
| Suite, Apt. #, etc. WAY | Suite, Apt. #, etc. |
| City & State LAKE WORTH FL | City & State |
| Zip 33467-4601 | Country USA |



04052004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 12-0548832 460472576 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent BUBB, KEVIN J 5035 WILES ROAD 206 COCONUT CREEK, FL 33073 | 7. Name and Address of New Registered Agent Name Kevin J. Bubb Street Address (P.O. Box Number is Not Acceptable) 10276 Little Mustang Way City LAKE WORTH FL Zip Code 33467 |
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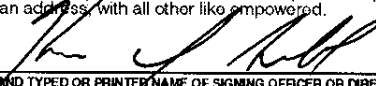
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PF BUBB, KEVIN J 5035 WILES ROAD, #206 COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PF KEVIN J BUBB 10276 Little Mustang Way LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  4-9-04 561-304-1246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #