2007 FOR PROFIT CORPORATION

May 29, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P02000106713** 05-29-2007 90045 019 ***150.00 1. Entity Name KC MANAGEMENT INC. 40110000 Principal Place of Business Mailing Address 5946 MARTIN LUTHER KING DRIVE 5946 MARTIN LUTHER KING DRIVE JACKSONVILLE, FL 32219 JACKSONVILLE, FL 32219 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05012007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 57-1135139 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Name BROWN, KEITH Street Address (P.O. Box Number is Not Acceptable) 5946 MARTIN LUTHER KING DRIVE JACKSONVILLE, FL 32219 Zip Code F١ 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. coo TITLE Delete TITLE ☐ Change ☐ Addition BROWN, CAROLYN NAME NAME STREET ADDRESS 6407 HUGHES ST. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32219 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME BROWN, KEITH NAME STREET ADDRESS 5946 MARTIN LUTHER KING DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32219 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change ☐ Addition BROWN, REGINALD NAME NAME STREET ADDRESS 6407 HUGHES ST. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32219 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME

12. I hereby certify that the information 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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY+ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED