2008 FOR PROFIT CORPORATION

Apr 25, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P02000117783** 04-25-2008 90144 006 ***163.75 K & B TRUST SERVICES CORP. Principal Place of Business Mailing Address 122 ISOLA CR 122 ISOLA CR. WEST PALM BEACH, FL 33411 WEST PALM BEACH, FL 33411 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 47-0894693 Not Applicable Zip Country Zip 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 LIMA, JOSILMA F Street Address (P.O. Box Number is Not Acceptable) 122 ISOLA CR 🔅 WEST PALM BEACH, FL 33411 Zip Code 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 04/15/08 ger typed or printe ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPVT TITLE TITLE Delete ☐ Change Addition LIMA, JOSILMA F. LIMA, JOSILIMA F NAME NAME 122 ISCLA CR STREET ADDRESS 122 ISOLA CR STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33411 CITY-ST-7IP WEST PALM BEACH FL **SPVS** TITLE ☐ Delete TITLE ☐ Change ☐ Addition LIMA, JOSILMA F NAME STREET ADDRESS 122 ISOLA CR STREET ADDRESS WEST PALM BEACH, FL 33411 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE!

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

04/15/08

561)856:100ZS

FILED