2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2007 8:00 am Secretary of State DOCUMENT # P02000123071 04-27-2007 90213 004 ***150.00 KITSON MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 4UUOUII" 9055 IBIS BLVD. 9055 IBIS BLVD. WEST PALM BEACH, FL 33412 WEST PALM BEACH, FL 33412 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 11-3662759 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPEER, GEORGE G 9055 IBIS BLVD. Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL 33412 Zip Code FL 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. TITLE □ Delete TITLE ☐ Change ■ Addition NAME LEEDER, MICHAEL NAME STREET ADDRESS 9055 IBIS BLVD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33412 CITY - ST- ZIP VPT ☐ Delete TITLE ☐ Change Addition DELOTTO, RICHARD NAME NAME 9055 IBIS BLVD STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33412 CITY-ST-ZIP CITY-ST-ZIP VPS TITLE ☐ Delete TITLE ☐ Change ☐ Addition PEARLMAN, MICHAEL NAME NAME STREET ADDRESS 9055 IBIS BLVD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33412 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME 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 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. RIGHARD DELOTTO, VICE PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #