
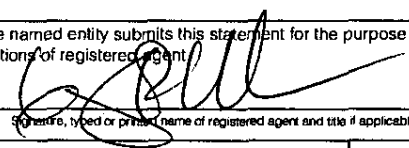
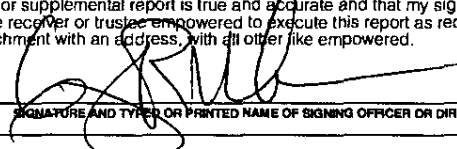


2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90261 003 ***150.00

DOCUMENT # P03000021752																													
1. Entity Name KYMAT DEVELOPMENT GROUP, INC.																													
Principal Place of Business 116 S TENNESSEE AVE STE 217 LAKELAND, FL 33801			Mailing Address 116 S TENNESSEE AVE STE 217 LAKELAND, FL 33801																										
2. Principal Place of Business 5614 Bloomfield Bl.		3. Mailing Address SAME AS # 2																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State Lakeland, FL		City & State		4. FEI Number 51-0473434																									
Zip 33810		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent WALKER, GARY 116 S TENNESSEE AVE STE 217 LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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. SIGNATURE:  DATE: 4/25/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%;"> TITLE D NAME WALKER, GARY STREET ADDRESS 116 S TENNESSEE AVE STE 217 CITY-ST-ZIP LAKELAND, FL 33801 </td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> Delete </td> <td style="width: 30%;"> TITLE NAME STREET ADDRESS 5614 Bloomfield Bl. CITY-ST-ZIP LAKELAND, FL 33810 </td> <td style="width: 30%; text-align: center;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE D NAME WALKER, BARBARA STREET ADDRESS 116 S TENNESSEE AVE STE 217 CITY-ST-ZIP LAKELAND, FL 33801 </td> <td style="text-align: center;"> <input type="checkbox"/> Delete </td> <td> TITLE NAME STREET ADDRESS 5614 Bloomfield Bl. CITY-ST-ZIP LAKELAND, FL 33810 </td> <td style="text-align: center;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: center;"> <input type="checkbox"/> Delete </td> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: center;"> <input type="checkbox"/> Delete </td> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: center;"> <input type="checkbox"/> Delete </td> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE D NAME WALKER, GARY STREET ADDRESS 116 S TENNESSEE AVE STE 217 CITY-ST-ZIP LAKELAND, FL 33801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 5614 Bloomfield Bl. CITY-ST-ZIP LAKELAND, FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE D NAME WALKER, BARBARA STREET ADDRESS 116 S TENNESSEE AVE STE 217 CITY-ST-ZIP LAKELAND, FL 33801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 5614 Bloomfield Bl. CITY-ST-ZIP LAKELAND, FL 33810	<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	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:  DATE: 4/25/06 DAYTIME PHONE #: 863-698-0893 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													