2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 28, 2005 08:00 AM DOCUMENT # P03000042048 **Secretary of State** 1. Entity Name KLM REPORTING, INC. Principal Place of Business Mailing Address 226 1/2 MALVERNE ROAD 226 1/2 MALVERNE ROAD WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 41-2091508 Not Applical Zip Country 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 Name MCCOLLUM, KRISTINA L 226 1/2 MALVERNE ROAD Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33405 Crtv 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 accepthe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when terristating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May P After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HHE Delete 11111 ☐ Change Articia MCCOLLUM, KRISTINA L 1100000245127 NAME HALLE 226 1/2 MALVERNE ROAD 112/28/05-80013-004 150.00 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33405 CITY-ST-ZIP CITY-ST-7IP MILE ☐ Delete HIL ☐ Change Arkini NAME MAME STREET ADDRESS STREET ADDRESS CITY-S1-7(P CITY-ST-ZIP TITLE ☐ Delete Telle F Change Acalibi leatai STREET ADDRESS STREET ADDRESS CRY-SI-ZIP CHY-ST-7fF TITLE ☐ Delete Change ☐ AddSib NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete Change A,1.000 NAME NAME STREET ADDRESS STREET ACORDS CITY-ST-ZIP CUTY-ST-7IP 11161 Delete IIIIE Change A.i.iiii NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP 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 ii changed, or on an attachment with an address, with all other like empowered.

FILED