


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90028 035 ***558.75

DOCUMENT # P03000054427 1. Entity Name KMON DREAMS, INC.					
Principal Place of Business 171 S.E. MIZNER BLVD. SUITE 18 BOCA RATON, FL 33432			Mailing Address 171 S.E. MIZNER BLVD. SUITE 18 BOCA RATON, FL 33432		
2. Principal Place of Business Boca Breakfast Club		3. Mailing Address 171 S.E. Mizner			
Suite, Apt. #, etc. Suite 18		Suite, Apt. #, etc. Suite 18			
City & State Boca Raton FL		City & State Boca Raton, FL			
Zip 33432		Country Palm Beach		Zip 33432	
Country Palm Beach		Country Palm Beach			
4. FEI Number 81-0616945			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MARGADONNA, PAUL D 171 S.E. MIZNER BLVD. SUITE 18 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code		
MARGADONNA, PAUL D 171 S.E. MIZNER BLVD. SUITE 18 BOCA RATON, FL 33432			not changed A/A Same 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 <u>Paul D Margadonna Registered Agent - Pros -</u> 08-15-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARGADONNA, PAUL 171 S. E. MIZNER BLVD. 18 BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	A/A Same	
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 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.					
SIGNATURE: <u>Paul D. Margadonna</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>8/15/06</u> 561-856-0161 <small>Date Daytime Phone #</small>		

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