2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SM

FILED May 13, 2005 08:00 AM Secretary of State **DOCUMENT # P03000064805** 1. Entity Name KC LEISURE, INC. Principal Place of Business Mailing Address 1840 EDWIN BLVD. 1840 EDWIN BLVD. WINTER PARK, FL 32789 WINTER PARK, FL 32789 04252005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0476484 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent THORPE, ROGER DO NOT WRITE 1840 EDWIN BLVD. WINTER PARK, FL 32789 IN THIS SPACE 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, typod or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees *U00000366534* /13/05-90007-020 KD 00 OFFICERS AND DIRECTORS 10. TITLE THORPE, ROGER NAME 171 W. FAIRBANKS AVE., STE. A STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 327894373 TITLE NAME THORPE, CHRISTINE 171 W. FAIRBANKS AVE., STE, A STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 327894373 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CiTY-ST-7IP 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 a supplemental report.

G OFFICER OR DIRECTOR

Daytime Phone #