2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068698

COSTA, STEVEN J

417 BROOKS GLEN CT

BALLWIN, MO 63021 US

Name:

Address:

City-St-Zip:

Entity Name: KTSS MANAGEMENT, INC

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 417 BROOKS GLEN CT BALLWIN, MO 63021 **Current Mailing Address: New Mailing Address:** 417 BROOKS GLEN CT BALLWIN, MO 63021 US FEI Number: 37-1469159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WALSH, KENNETH D WALSH, KENNETH D 502 GULF SHORE DRIVE 502 GULF SHORE DRIVE DESTIN, FL 32541 US DESTIN, FL 32541 US 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. SIGNATURE: 04/09/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete Title: () Change () Addition WALSH, KENNETH D Name: Name: 188 CONTINENTAL AVE Address: Address: City-St-Zip: RIVER EDGE, NJ 07761 US City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: WALSH, TIMOTHY M Name: 364 CUPSAW DRIVE Address: Address: RINGWOOD, NJ 07456 US City-St-Zip: City-St-Zip: Title: Title: TRES () Delete () Change () Addition WALSH, STEVEN J Name: Name: 596 HERRICK DRIVE Address: Address: City-St-Zip: **DOVER, NJ 07801 US** City-St-Zip: Title: SEC () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: STEVEN J. COSTA SECR 04/09/2009