2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# P03000076329

Entity Name: KISS PROPERTIES, INC.

Current Principal Place of Business:

271 DARTMOUTH RD
ST AUGUSTINE, FL 32086

New Principal Place of Business:

122 CROOKED TREE TRAIL
ST AUGUSTINE, FL 32086

Current Mailing Address:

271 DARTMOUTH RD
ST AUGUSTINE, FL 32086

New Mailing Address:

122 CROOKED TREE TRAIL
ST AUGUSTINE, FL 32086

FEI Number: 84-1103849 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOWRANCE, ARTHUR R
271 DARTMOUTH RD
ST AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

LOWRANCE, ARTHUR R
122 CROOKED TREE TRAIL
ST AUGUSTINE, FL 32086 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: LINDA LOWRANCE 04/13/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LOWRANCE, ARTHUR R
Address: 271 DARTMOUTH RD.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VS ( ) Delete
Name: LOWRANCE, LINDA
Address: 271 DARTMOUTH RD.
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LOWRANCE, ARTHUR R
Address: 122 CROOKED TREE TRAIL
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VS (X) Change ( ) Addition
Name: LOWRANCE, LINDA
Address: 122 CROOKED TREE TRAIL
City-St-Zip: SAINT AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: LINDA LOWRANCE VP 04/13/2007
Electronic Signature of Signing Officer or Director Date