2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004
Secretary of State

DOCUMENT# P03000081100

Entity Name: KAM MANAGEMENT CORP.

Current Principal Place of Business:

4309 SE COVE LAKE CIRCLE
STUART, FL 34997

New Principal Place of Business:

4309 SE COVE LAKE CIRCLE
#205
STUART, FL 34997

Current Mailing Address:

P.O. BOX 3201
STUART, FL 34995

New Mailing Address:

FEI Number: 20-0113059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, ANDREA M
4309 SE COVE LAKE CIR
STUART, FL 34997

Name and Address of New Registered Agent:

ADAMS, ANDREA M
4309 SE COVE LAKE CIR
#205
STUART, FL 34997

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: ANDREA M. ADAMS 01/20/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MEAD, MICHAEL J SR.
Address: P.O. BOX 3201
City-St-Zip: STUART, FL 34995

Title: V ( ) Delete
Name: ADAMS, ANDREA M
Address: 4309 SE COVE LAKE CIRCLE
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete
Name: MEAD, MICHAEL J SR.
Address: P.O. BOX 3201
City-St-Zip: STUART, FL 34995

Title: D ( ) Delete
Name: MEAD, KATHLEEN A
Address: P.O. BOX 3201
City-St-Zip: STUART, FL 34995

Title: D ( ) Delete
Name: ADAMS, ANDREA M
Address: 4309 SE COVE LAKE CIRCLE
City-St-Zip: STUART, FL 34997

Title: D (X) Delete
Name: ADAMS, JOHN G
Address: 4309 SE COVE LAKE CIRCLE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MEAD, MICHAEL J
Address: P.O. BOX 3201
City-St-Zip: STUART, FL 34995

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MEAD, MICHAEL J
Address: P.O. BOX 3201
City-St-Zip: STUART, FL 34995

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL J. MEAD P-D 01/20/2004
Electronic Signature of Signing Officer or Director Date