2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90009 023 ***150.00

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01182008 Chg-P CR2E034 (12/06)

DOCUMENT # P03000091921

1. Entity Name
KMBE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
THE PLAZA, SUITE 801 5355 TOWN CENTER ROAD BOCA RATON, FL 33486	THE PLAZA, SUITE 801 5355 TOWN CENTER ROAD BOCA RATON, FL 33486

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
301 Yamato Rd	301 Yamato Rd
Suite, Apt. #, etc.: 4150	Suite, Apt. #, etc.: 4150
City & State: Boca Raton	City & State: Boca Raton
Zip: 33431 Country: Palm Beach	Zip: 33431 Country: Palm Beach

4. FEI Number: 51-0481288 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DONNELLY, BEVERLY THE PLAZA, SUITE 801 5355 TOWN CENTER ROAD BOCA RATON, FL 33486	Name: Street Address (P.O. Box Number is Not Acceptable): 301 Yamato Rd, Suite 4150 City: Boca Raton FL Zip Code: 33431

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPT ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	FITZGERALD FORD, KATHRYN	NAME	
STREET ADDRESS	THE PLAZA, SUITE 801, 5355 TOWN CENTER RD	STREET ADDRESS	301 Yamato Rd, Suite 4150
CITY-ST-ZIP	BOCA RATON, FL 33487	CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	DVS ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	POPKON, BARBARA	NAME	Popkin, Barbara
STREET ADDRESS	THE PLAZA, SUITE 801, 5355 TOWN CENTER RD	STREET ADDRESS	301 Yamato Rd, Suite 4150
CITY-ST-ZIP	BOCA RATON, FL 33486	CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 a other like empowered.

SIGNATURE: _____ 1-24-08 561-549-0788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #