


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90188 013 ***150.00

DOCUMENT # P03000108047 1. Entity Name KMA UNLIMITED, INC.	
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Principal Place of Business 10012 GLEN MOOR LANE PORT RICHEY, FL 34668	Mailing Address 10012 GLEN MOOR LANE PORT RICHEY, FL 34668
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50048505



04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0277905	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALLEN, KRISTI 10012 GLEN MOOR LANE PORT RICHEY, FL 34668

DO NOT WRITE 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 <u>Kristi M Allen</u> <u>Kristi M Allen</u> <u>4/30/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, KRISTIN 10012 GLEN MOOR LANE PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TULLY, DAWN 26 BROWN LANE WELLS, ME 04090
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 all other like empowered. SIGNATURE: <u>Kristi M Allen</u> <u>Kristi M Allen</u> <u>4/30/05</u> <u>727-457-6837</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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ATTACHMENT

50048501
#P03000108047

NAME AS PRESIDENT

KRISTI Allen

4443 Weasel Drive

New Port Richey, FL

34653

All Addresses For

KMA unlimited should read:

4443 Weasel Drive

New Port Richey, FL

34653