2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 14, 2005 08:00 AM **DOCUMENT # P03000139819 Secretary of State** KAC FINANCIAL RESTORATION, INC. Principal Place of Business Mailing Address PO BOX 382265 PO BOX 382265 MIAMI, FL 33238 MIAMI, FL 33238 03112005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0441094 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. DO NOT WRITE 11380 PROSPERITY FARMS RD #221E IN THIS SPACE PALM BEACH GARDENS, FL 33410 5. The above named ontity 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, wood or printed name of registered agent and this if applicable (NOYE, Secialered Agent xignature regulated when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE NAME NIBLACK, GEORGE L. STREET ADDRESS PO BOX 382265 U00000262642 03/14/05-80062-006 150.00 CITY-ST-ZIP MIAMI, FL 33238 IIILE MS NAME. NIBLACK, BURNETTE M STREET ADDRESS PO BOX 382265 MIAMI, FL 33238 CITY ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MILE

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

NAME STREET ADDRESS CITY-ST-ZIP MIF

STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-SY-ZIP

SIGNATURE: