2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 04, 2006 8:00 am Secretary of State **DOCUMENT # P04000028882** 1. Entity Name KKMH RETAIL, INC. 05-04-2006 90207 027 ***150.00 Principal Place of Business Mailing Address 8926 BYRON AVE 8926 BYRON AVE SURFSIDE, FL 33154 SURFSIDE, FL 33154 03112006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 34-1981787 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PIOTRKOWSKI, JOEL S DO NOT WRITE 317 71ST ST MIAMI BEACH, FL 33141 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS TITLE n NAME KHAN, KAMRUL H 8926 BYRON AVE STREET ADDRESS CITY-ST-ZIP SURFSIDE, FL 33154 TITLE HOSSAIN, MOHAMMED Z NAME 8926 BYRON AVE STREET ADDRESS CITY-ST-ZIP SURFSIDE, FL 33154 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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