
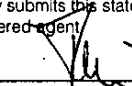
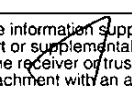


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90016 047 ***150.00

DOCUMENT # P04000048184 1. Entity Name KAMMIN PRODUCTS, INC.					
Principal Place of Business 545-7 DELANEY AVENUE ORLANDO, FL 32801			Mailing Address 545-7 DELANEY AVENUE ORLANDO, FL 32801		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number 20-0926576				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THIES, CARL C 545-7 DELANEY AVE. ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Thier, Carl C Street Address (P.O. Box Number is Not Acceptable) 545-7 Delaney Ave. City Orlando FL Zip Code 32801		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 03-02-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAMMIN, KARL-HEINZ		NAME		
STREET ADDRESS	545-7 DELANEY AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THEIR, CARL-CHRISTIAN		NAME	Thier, Carl-Christian	
STREET ADDRESS	545-7 DELANEY AVENUE		STREET ADDRESS	545-7 Delaney Avenue	
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP	Orlando, FL 32801	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHULAE, INGELOTTE		NAME		
STREET ADDRESS	545-7 DELANEY AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 03-02-06 DAYTIME PHONE # 407-245-8360		