

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000085148

Entity Name: KBL VILLAS, INC.

FILED
Jul 07, 2006
Secretary of State

Current Principal Place of Business:

423 WEST VINE STREET
KISSIMMEE, FL 34741

New Principal Place of Business:

324 LAKESHORE PARKWAY
DAVENPORT, FL 33896

Current Mailing Address:

423 WEST VINE STREET
KISSIMMEE, FL 34741

New Mailing Address:

324 LAKESHORE PARKWAY
DAVENPORT, FL 33896

FEI Number: 55-0869437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LYNCH, KARL B
423 WEST VINE STREET
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

LYNCH, KARL B
8695 SWEETWATER TRAIL
KISSIMMEE, FL 34741 US

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.

SIGNATURE: KARL LYNCH

07/07/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LYNCH, KARL B
Address: 423 WEST VINE STREET
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LYNCH, KARL B
Address: 8695 SWEETWATER TRAIL
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARL LYNCH

P

07/07/2006

Electronic Signature of Signing Officer or Director

Date