


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90021 008 \*\*\*150.00

<b>DOCUMENT # P04000096909</b>	
<b>1. Entity Name</b> KMK PUBLISHING, INC.	

<b>Principal Place of Business</b> 10051 MCGREGOR BLVD SUITE 201 FORT MYERS, FL 33919	<b>Mailing Address</b> 10051 MCGREGOR BLVD SUITE 201 FORT MYERS, FL 33919
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<b>2. Principal Place of Business - No P.O. Box #</b> 2222 Second Street	<b>3. Mailing Address</b> 2222 Second St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Fort Myers, FL	<b>City &amp; State</b> Fort Myers, FL
<b>Zip</b> 33901	<b>Country</b> USA
<b>Zip</b> 33901	<b>Country</b> USA



02132008 Chg-P CR2E034 (12/06)

<b>6. Name and Address of Current Registered Agent</b>	
SCHUMANN, RAYMOND L 3451 BONITA BAY BLVD STE 200 BONITA SPRINGS, FL 34134	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

**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 signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> P	<b>NAME</b> KUSER, KATHY	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 13031 SILVER BAY CT	<b>CITY - ST - ZIP</b> FORT MYERS, FL 33913	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b> VP	<b>NAME</b> KUSER, JAMIE	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 13031 SILVER BAY CT	<b>CITY - ST - ZIP</b> FORT MYERS, FL 33913	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

**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:** Jamie K Kuser **JAMIE K. KUSER / VP** 4/1/08 239-278-5236  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #