2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000108094

Entity Name: KDTRIMINC

City-St-Zip:

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 14006 WALDEN SHEFFIELD RD DOVER, FL 33527 **Current Mailing Address: New Mailing Address:** 14006 WALDEN SHEFFIELD RD DOVER, FL 33527 US FEI Number: 20-1416737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIXON, KRISTOPHER D 14006 WALDEN SHEFFIELD RD DOVER, FL 33527 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DIXON, KRISTOPHER D Name: Name: 14006 WALDEN SHEFFIELD RD Address: Address: City-St-Zip: DOVER, FL 33527 US City-St-Zip: Title: Title: (X) Change () Addition () Delete HANCOCK, NORMA Name: Name: DIXON, KRISTOPHER D 14006 WALDEN SHEFFIELD RD Address: 14006 WALDEN SHEFFIELD RD Address: DOVER, FL 33527 US DOVER, FL 33527 US

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

Ρ SIGNATURE: KRISTOPHER DIXON 04/30/2008