2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/29/2006-90111-043-\$8.75-\$8.75 DOCUMENT # P04000115739 1. Entity Name FILED KCA CONSTRUCTION, INC. 06 AUG 11 PM 2: 06 Principal Place of Business Mailing Address 1900 NW CORPORATE BLVD #102W BOCA RATON FL 33431 1900 NW CORPORATE BLVD #102W BOCA RATON FL 33431 SECKLIARY OF STATE 2. Principal Place of Business 3. Mailing Address 4 800 N. FEDERAL HIM SALLE Suite, Apt. N, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 56-2475635 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Adoress of Current Registered Agent 7. Name and Address of New Registered Agent CHAMBERS, KEITH D 1900 NW CORPORATE BLVD #102W Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** City 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 t, typed or protect harter of registered agent and tale if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 4800 N. FESERAL HULLY, B205 Trange Oelete TITLE ☐ Addition CHAMBERS, KEITH D MALES NAME STREET ADDRESS 9058 SW 4TH STREET STREET ADDRESS BOCARAGON, FI 33431 CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZP KITSOS-CHAMBERS, ARBIRO STRANGE TITLE Delete nn e 4800 N. FEDERAL HWY, 1 B205 NAME KITSOS-CHAMBERS, ARGIRO HAME STREET ADDRESS 9058 SW 4TH STREET STREET ADDRESS BOCA RATON, Fl 33431 CITY-ST-ZIP BOCA RATON FL 33431 CITY-ST-78P Ociete THE Change Addition 20007888545 NAPE NAME STREET ADDRESS STREET ADDRESS 08/18/06--01045--018 \*\*150.00 CITY-ST-71P CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C17Y-51-78 CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP Delete THILE 15TE E ☐ Change ditio NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 507, 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. × OC SIGNATURE:

ATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR