2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142033

Entity Name: KIMBERLEY E. PUTHOFF, CPA, INC.

FILED Mar 10, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

360 E 5TH STREET 360 E 5TH STREET

CHULUOTA, FL 32766 CHULUOTA, FL 327668614

Current Mailing Address: New Mailing Address:

360 E 5TH STREET 360 E 5TH STREET

CHULUOTA, FL 32766 CHULUOTA, FL 327668614

FEI Number: 20-1640357 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:

PUTHOFF, KIMBERLEY E PUTHOFF, KIMBERLEY E CPA 360 E 5TH STREET 360 E 5TH STREET

CHULUOTA, FL 32766 US CHULUOTA, FL 327668614 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: KIMBERLEY E PUTHOFF CPA 03/10/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 DPVS
 () Delete

 Name:
 PUTHOFF, KIMBERLEY E

 Address:
 360 E 5TH STREET

 City-St-Zip:
 CHULUOTA, FL 32766

 Title:
 T
 () Delete

 Name:
 PUTHOFF, KIMBERLEY E

 Address:
 360 E 5TH STREET

 City-St-Zip:
 CHULUOTA, FL 32766

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS (X) Change () Addition Name: PUTHOFF, KIMBERLEY E CPA

Address: 360 E 5TH STREET

City-St-Zip: CHULUOTA, FL 327668614

Title: T (X) Change () Addition
Name: PUTHOFF, KIMBERLEY E CPA
Address: 360 E 5TH STREET

City-St-Zip: CHULUOTA, FL 327668614

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KIMBERLEY E PUTHOFF PRES 03/10/2005