## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

above, or on an attachment with an address, with all other like empowered.

Electronic Signature of Signing Officer or Director

SIGNATURE: WALTER J. SWANEY II

## DOCUMENT# P04000142766

Entity Name: KOAMMUDO, INC.

FILED Feb 18, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
10024 OAKLAND PARK BLVD. FT. LAUDERDALE, FL 32251							
Current Mailing Address:			N	New Mailing Address:			
10024 OAKLAND PARK BLVD. FT. LAUDERDALE, FL 32251							
FEI Number: 41-2162035 FEI Number Applied For ( ) FEI Number			FEI Numbe	mber Not Applicable ( ) Certificate of Status Desired (X)			
Name and Address of Current Registered Agent: Name a					e and Address of New Registered Agent:		
KIM, JUN HYUN 8017 N.W. 72ND ST. TAMARAC, FL 33321 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:							
Electronic Signature of Registered Agent					Date		
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:			Α	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CEO ( ) KIM, JUN HYUN 8017 N.W. 72N TAMARAC, FL	D ST	Ni Ad	itle: ame: ddress: ity-St-Zip:	( ) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	V () GUAK, NOR GE 1909 SE 21 TE CAPE CORAL,	RRACE	Ni Ad	itle: ame: ddress: ity-St-Zip:	( ) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	V ( ) CHUNG, JIM YO 861 FOREST G WELLINGTON,	SLEN LINE	Ni Ad	itle: ame: ddress: ity-St-Zip:	( ) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	HO JUN, YOUN 9045 SUN ISLE		Ni Ad	itle: ame: ddress: ity-St-Zip:	V (X) Change HO JUN, YUNG 9045 SUN ISLES DR. ST. PETERSBURG, FL 3	•	
Title: Name: Address: City-St-Zip:	EX-D ( ) SWANEY, WAL KNOB HILL CT SUNRISE, FL 3		N: Ad	itle: ame: ddress: ity-St-Zip:	()Change	( ) Addition	
Title: Name: Address: City-St-Zip:	EX-D ( ) CAMPBELL, RI 2303 LUANA DI JACKSONVILLI	RE	N: Ad	itle: ame: ddress: ity-St-Zip:	()Change	( ) Addition	
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							

EX-D

02/18/2006

Date