

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000163017

FILED
Apr 29, 2007
Secretary of State

Entity Name: K.C.H. EXPRESS SERVICES, INC.

Current Principal Place of Business:

1550 N.W. 110TH AVE., #358
PLANTATION, FL 33322

New Principal Place of Business:

362 S.W. RAY AVENUE
PORT ST. LUCIE, FL 34983

Current Mailing Address:

1550 N.W. 110TH AVE., #358
PLANTATION, FL 33322

New Mailing Address:

362 S.W. RAY AVENUE
PORT ST. LUCIE, FL 34983

FEI Number: 02-0734912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKEY, CHARMAINE A
1550 N.W. 110TH AVE., #358
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

HICKEY, CHARMAINE A
362 S.W. RAY AVENUE
PORT ST. LUCIE, FL 34983 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: CHARMAINE A. HICKEY

04/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HICKEY, CHARMAINE A
Address: 1550 N.W. 110TH AVE., #358
City-St-Zip: PLANTATION, FL 33322

Title: VD () Delete
Name: HICKEY, SELVIN
Address: 1550 N.W. 110TH AVE., #358
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HICKEY, CHARMAINE A
Address: 362 S.W. RAY AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VD (X) Change () Addition
Name: HICKEY, SELVIN
Address: 362 S.W. RAY AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34983

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.

SIGNATURE: CHARMAINE A. HICKEY

PD

04/29/2007

Electronic Signature of Signing Officer or Director

Date