2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## FILED Apr 26, 2007 08:00 All Secretary of State DOCUMENT # P05000022563 1. Entity Namo KDM BAYSIDE BUILDERS, INC Principal Place of Business Mailing Address 3400 E. ROTOR WING PATH 3400 E. ROTOR WING PATH HERNANDO FL 34442 HERNANDO FL 34442 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 20-2333222 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Dosirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PREWETT, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 5777 BENEVA ROAD SOUTH SARASOTA FL 34233 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 Fiorida, I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1; 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change Addition ☐ Delete TITLE MCFARLAND, NEIL ROBERT NAME NAME 3400 E. ROTOR WING PATH STREET ADDRESS STREET ADDRESS U00000733657 HERNANDO FL 34442 CITY-ST-ZIP CITY-ST-7IP 05/09/07-80095-010 150.00 шиг ☐ Delete THE Change Addition MCFARLAND, KYLE DOUGLAS NAMI NAME 3400 E. ROTOR WING PATH STRUET ADDRESS STREET ADDRESS HERNANDO FL 34442 CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP IIILE ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP MUE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP 12. I horeby 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 papert as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with air address, with all other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #