2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 21, 2006 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P05000031401 1. Entity Name KIMBERLY SUTTON INC							04-21-2006 90	126 04	7 ***150.	.00	
Principal Place of Business			Mai	Mailing Address			7				
4265 LEWIS AVE ST AUGUSTINE, FL 32080				4265 LEWIS AVE ST AUGUSTINE, FL 32080							
2. Principal Place of Business			3. N	3. Mailing Address							
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.			03072006	Chg-P	CR2E0)34 (11/05)	
City & State			С	ity & State		4. FEI Numb	2399728			pplied For ot Applicable	
Zip	Country		Z		Coun	itry	5. Certificat	e of Status Desired	_ <u></u>	\$8.75 Add Fee Require	
6. Name and Address of Current R			ent Registe	ered Agent	Name	7. Name an	d Address of New Re	gistered	Agent		
SUTTON, 4265 LEW ST AUGUS	IS AVE	• .					(P.O. Box Numb	per is Not Acceptable)	-		
• H:						City			FL	Zip Cod	le
	named entity		nt for the pu	rpose of changing its	s register	ed office or regist	ered agent, or b	oth, in the State of Flor	ida Iam	tamiliar with.	, and accept
SIGNATURE	Signature board	or printed name of registered	lightis bas lease	annicable (NO	TE: Pagintara	d Agent signature requir	and when rejectating)		DATE		
· ·	· ·	or printed name or registered a				B Agent Signata v adda	ac mierremana)				
FIL After Ma	E NOW!!! ay 1, 2006	FEE IS \$150.00 6 Fee will be \$5	50.00	9. Election Campa Trust Fund Con			5.00 May Be Ided to Fees				
10.		OFFICERS A	ND DIREC	TORS	11,		ADDITIONS	CHANGES TO OFFIC	CERS AND	DIRECTOR	IS IN 11
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12. I hereby of indicated of the cor changed,	certify that the on this repor poration or th , or on an atta	e information supplied it or supplemental rep ne receiver or trustee (achment with, an addre	with this fill ort is true ar empowered ess, with all	ng does not qualify to not accurate and that to execute this report other like empowered	or the exi my signa t as requi d.	emptions containe ture shall have the ired by Chapter 60	eu in Chapter 11 e same legal effe 07, Florida Statu	19, Florida Statutes. I fi ect as if made under oa tes; and that my name	urmer cer ath; that I a appears i	am an officer in Block 10 o	riorniation r or director ir Block 11 if
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2. Principal Place	of Business	3. Mailing Ad	ddress	<u> </u>					
Suite, Apt. #, etc.		Suite, Apt.	#, etc.		03072006	Chg-P	CR2E03	34 (11/05)	
City & State		City & Star	te		4. FEI Number			<u> </u>	plied Fo
Zip	Country	Zip		Country	5. Certificate of	of Status Desired		8.75 Add	
6.	Name and Address of Cu	rent Registered Age	int	Name	7. Name and	Address of New I	Registered A	gent	
SUTTON, KIMI 4265 LEWIS A' ST AUGUSTIN	VE			Street Addres City	s (P.O. Box Number	is Not Acceptabl	FL	Zip Code	e
FILE NO	OW!!! FEE IS \$150.00, 2006 Fee will be \$5	9. Ele	(NOTE: ection Campaig ust Fund Contrib	· ·	55.00 May Be		DATE		
10.	OFFICERS	AND DIRECTORS		11.	ADDITIONS/0	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
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