2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

| DOCUMENT # P05000053458 1. Entity Name KMB PROPERIES & SERVICES, INC. | | | | | | 05-02-2006 9 | 90201 003 | ***158 | .75 |
|---|--|--|--|---|--------------------------|------------------------|--|--------------------------------|--|
| Principal Plac | e of Business | Mailing Address | | | | • | | | |
| 207 RUBY LAKE LANE | | - | 207 RUBY LAKE LANE | | | | | | |
| WINTER HAVEN, FL 33884 | | WINTER HAVEN, FL 33884 | | _ | | 6003427 | 14 | | |
| | | ((| | $\mathcal{J}\sim$ | | | | | 1881 1881 |
| 2 Principal P | Place of Business | 3. Mailing Address | > ((| 11/12mm | | | | | |
| | | 5. Maining Address | 6 | 2/\W\\ | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | - // | 04152006 | Ch- D | CD0500 | 4 (44 (05) | |
| | | | | | 04132006 | Chg-P | CR2E03 | 4 (11/05) | |
| City & State | | City & State | | | 4. FEI Numbe | 5 7/011 | 17/ | 10-4 | plied For |
| Zip | Country | Zip | Coun | | αc | 1-2614 | 100 | | t Applicable |
| 2.10 | Seamy | 2.10 | Cour | иу | 5. Certificate | of Status Desired | X F | 8.75 Add | litional d |
| | 6. Name and Address of Curren | t Registered Agent | | | 7. Name and | Address of New R | <u>' </u> | | |
| | | | · | Name | <u></u> | | | | |
| BLACK, KATHY M | | | | Stroot Addrson (D.O. Day Numbers in Net Association) | | | | | |
| 207 RUBY LAKE LANE WINTER HAVEN, FL 33884 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | . •• | | | | | | | | |
| | 投手 賞 | | | City | | | | Zip Code | 9 |
| 8. The above named extity submits this statement for the purpose of changing its | | | | | | | FL | | |
| the obligat | e named early submits this statement t tions of registered agent. | or the purpose of changing its | s registere | ed office or register | ed agent, or both | h, in the State of Flo | orida. I am fa | miliar with, | and accept |
| | • | | | | | | | | |
| SIGNATURE_ | Signature, typed or printed name of registered agen | it and title if applicable. (NOT | TE: Registere | d Agent signature required | when reinstating) | | DATE | | |
| | 2 | <u> </u> | | | | | | | |
| | E NOW!!! [®] FEE IS \$150.00 ay 1, 2006 Fee will be \$550 | 9. Election Campa Trust Fund Con | | icing \$5. | .00 May Be ed to Fees | | | | |
| | | .00 Trust Fund Con | | scing \$5. | | CHANGES TO OFF | ICERS AND E | DIRECTORS | S IN 11 |
| After Ma | OFFICERS AND | .00 Trust Fund Con | tribution. | Add | | CHANGES TO OFF | | DIRECTORS | S IN 11 |
| After Ma 10. TITLE NAME | OFFICERS AND P BLACK, KATHY M | .00 Trust Fund Con | 11. THE | Ādd | | CHANGES TO OFF | | | |
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report is the depreciation of the report as required by Grapher Co., the empowered to execute this report as required by Grapher Co., the empowered.

PAUL R. BLACK VP. 42666 963-3.

**PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DESTRUCTION OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 100