


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90069 034 ***150.00

DOCUMENT # P05000061800		
1. Entity Name KME SUBS, INC.		

Principal Place of Business 7039 SOUTHWIND DR HUDSON, FL 34667	Mailing Address 5143 COMMERCIAL WAY SPRING HILL, FL 34606
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40013331



2. Principal Place of Business - No P.O. Box #	3. Mailing Address 7039 SOUTHWIND DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01112007 Chg-P CR2E034 (12/06)

City & State HUDSON, FL		City & State HUDSON, FL	
Zip 34667	Country	Zip 34667	Country

4. FEI Number 20-2803718	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KLIMIS, GEORGE N 27 E ORANGE ST TARPON SPRINGS, FL 34689	
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7. Name and Address of New Registered Agent Name KOHLHASE, NANCY C. Street Address (P.O. Box Number is Not Acceptable) 7039 SOUTHWIND DRIVE HUDSON FL 34667	
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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 Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>X Nancy C. Kohlase</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<i>X 9 Feb 2007</i> <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MOORE, BRUCE R 7039 SOUTHWIND DR HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VPTS KOHLHASE, NANCY C 7039 SOUTHWIND DR HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D/P
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D/VP/S/T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>X Nancy C. Kohlase</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	NANCY C. KOHLHASE <i>X 9 Feb 2007</i> <small>Date Daytime Phone #</small>