


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000152182</b>		
1. Entity Name <b>KPCG PROPERTIES, INC.</b>		
Principal Place of Business <b>3949 EVANS AVENUE #403 FORT MYERS, FL 33901</b>	Mailing Address <b>3949 EVANS AVENUE #403 FORT MYERS, FL 33901</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>PAQUETTE, KATIE 3949 EVANS AVENUE #403 FORT MYERS, FL 33901</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 <u><i>Katie Paquette</i></u> DATE <u>3-1-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		U000000654227 03/13/07-80054-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAQUETTE, KATIE 3949 EVANS AVENUE #403 FORT MYERS, FL 33901	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRECO, CARL 3949 EVANS AVENUE #403 FORT MYERS, FL 33901	
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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 <u><i>Katie Paquette</i></u> DATE <u>3-1-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Daytime Phone #



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-3778145</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**