2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000008870

Entity Name: KCSR CORPORATION

Address:

City-St-Zip:

18184 CANAL POINTE STREET

TAMPA, FL 33647

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 18184 CANAL POINTE STREET TAMPA PALMS, FL 336473311 **Current Mailing Address: New Mailing Address:** 18184 CANAL POINTE STREET TAMPA PALMS, FL 336473311 FEI Number: 20-4179862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SINTEFF, ROBERT 18184 CÁNAL POINTE STREET TAMPA PALMS, FL 336473311 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete () Change () Addition SINTEFF, HEATHER Name: Name: 18184 CANAL POINTE STREET Address: Address: City-St-Zip: TAMPA PALMS, FL 336473311 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SINTEFF, ROBERT Name: 18184 CANAL POINTE STREET Address: Address: TAMPA PALMS, FL 336473311 City-St-Zip: City-St-Zip: () Delete Title: Title: PRES () Change () Addition SINTEFF, HEATHER Name: Name: 18184 CANAL POINTE STREET Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: COO () Delete Title: () Change () Addition SINTEFF, ROBERT Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ROBER SINTEFF CFO 05/01/2009