2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 10, 2007 8:00 am Secretary of State DOCUMENT # P06000027111 05-10-2007 90020 013 ***550.00 KMD MORTGAGE CONSULTANTS, INC. Principal Place of Business Mailing Address 4040 2804 28TH LANE 2804 28TH LANE GREENACRES, FL 33463 GREENACRES, FL 33463 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05072007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20 -4371199 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEFREYTAS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2804 28TH LANE GREENACRES, FL 33463 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Defete IIILE ☐ Change ☐ Addition **DEFREYTAS, MICHAEL** NAME MANE STREET ADDRESS 2804 28TH LANE STREET ADDRESS CITY-ST-ZIP GREENACRES, FL 33463 CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME MALKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE Delete ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP MILE ☐ Delete MIE ☐ Change ☐ Addition NAME NALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

ANTE OF SIGNING OFFICER OR DIRECTOR

MAY 7 2007

561-964-9868

FILED