

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000031339

FILED
Apr 25, 2008
Secretary of State

Entity Name: KAMS WHEELCHAIR SERVICE INC

Current Principal Place of Business:

5975 W SUNRISE BLVD
202
SUNRISE, FL 33313 US

New Principal Place of Business:

8551 W SUNRISE BLVD
105 I
PLANTATION, FL 33322 US

Current Mailing Address:

5975 W SUNRISE BLVD
202
SUNRISE, FL 33313 US

New Mailing Address:

8551 W SUNRISE BLVD
105 I
PLANTATION, FL 33322 US

FEI Number: 20-4516970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SUDU, LLOYD A
5975 W SUNRISE BLVD
202
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

SUDU, LLOYD A
8551 W SUNRISE BLVD
202
PLANTATION, FL 33322 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:

04/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SUDU, LLOYD A
Address: 5975 W SUNRISE BLVD
City-St-Zip: SUNRISE, FL 33313 US

Title: P (X) Delete
Name: SUDU, LLOYD A
Address: 5975 W SUNRISE BLVD
City-St-Zip: SUNRISE, FL 33313 US

Title: P (X) Delete
Name: SUDU, LLOYD A
Address: 5975 W SUNRISE BLVD
City-St-Zip: SUNRISE, FL 33313 US

Title: P (X) Delete
Name: SUDU, LLOYD A
Address: 5975 W SUNRISE BLVD
City-St-Zip: SUNRISE, FL 33313 US

Title: P (X) Delete
Name: SUDU, LLOYD A
Address: 5975 W SUNRISE BLVD
City-St-Zip: SUNRISE, FL 33313 US

Title: P (X) Delete
Name: SUDU, LLOYD A
Address: 5975 W SUNRISE BLVD
City-St-Zip: SUNRISE, FL 33313 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SUDU, LLOYD A
Address: 8551 W SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33322 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LLOYD A SUDU

P

04/25/2008

Electronic Signature of Signing Officer or Director

Date