2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000055179

Entity Name: KGB DOORS INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
596E MAGNOLIA AVENUE LONGWOOD, FL 32750 US					
Current Mailing Address:			New Mailing Address:		
596E MAGNOLIA AVENUE LONGWOOD, FL 32750 US					
FEI Number: (61-1567070	FEI Number Applied For () FEI Num	mber Not Appli	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
A1A REGISTERED AGENT INC 5647 110TH AVE. NORTH ROYAL PALM BEACH, FL 334110000 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:					
		Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MATTESON, RON 355 S. NORTHLA		Title: Name: Address: City-St-Zip:	P (X) Change () Addition MATTESON, MATTHEW F 596 E. MAGNOLIA AVE. LONGWOOD, FL 32750 US	
Title: Name: Address: City-St-Zip:	SVP () D MATTESON, MAT 596 E MAGNOLIA LONGWOOD, FL	AVENUE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition SVITLANA, DROZDOVSKA 8341 81 ST. STREET N. SEMINOLE, FL 33777 PA	
Title: Name: Address: City-St-Zip:	MATTESON, LILIN 355 S. NORTHLA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TREA () D BABAYAN, OLEN, 561 WOODVIEW LONGWOOD, FL	DR.	Title: Name: Address: City-St-Zip:	TREA (X) Change () Addition CLOUD, BOBBY C ESQUIRE 2200 D ST. 4 BAKERSFIELD, CA 93301	
Title: Name: Address: City-St-Zip:	GD (X) D SMITH, JASON 1725 JESSAMINE ORLANDO, FL 32		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GM (X) D BRADFORD, CHA 527 IMAGES CIR KISSIMMEE, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: LILIYA MATTESON TREA 04/29/2009