2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000138230

Entity Name: KMEE INC

FILED Mar 18, 2009 Secretary of State

y	mer ravide into					
Current P	rincipal Place of	Business:	New Princ	New Principal Place of Business:		
5243 HIGH CAMPBEL	HWAY 231 LTON, FL 32426	US				
Current M	lailing Address:		New Maili	ng Address	: :	
5243 HIGH CAMPBEL	HWAY 231 LTON, FL 32426	US				
FEI Number	: 20-5791453 F	El Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	l Address of Curr	ent Registered Agent:	Name and	Address o	f New Registered Agent:	
PATEL, RA 5243 HIGH CAMPBEL		US				
	named entity subre of Florida.	mits this statement for the	purpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electronic S	ignature of Registered Ag	ent		Date	
OFFICER	S AND DIRECTOR	RS:	ADDITION	IS/CHANGE	ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P () Delete PATEL, RASHMI 5243 HIGHWAY 231 CAMPBELLTON, FL 32426 US		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	()Dele	ete	Title: Name: Address: City-St-Zip:	PATEL, MEE 5243 HIGHW		
Title: Name: Address: City-St-Zip:	() Dele	ete	Title: Name: Address: City-St-Zip:	PATEL, ATU 5243 HIGHW		
Title: Name: Address: City-St-Zip:	() Dele	ete	Title: Name: Address: City-St-Zip:	PATEL, SHA 5243 HIGHW		

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: RASHMI PATEL PRES 03/18/2009