

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000000036

FILED  
Mar 28, 2008  
Secretary of State

Entity Name: KSM MERCHANDISING CORP.

**Current Principal Place of Business:**

75 SW 12TH AVE  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

75 SW 12TH AVE  
BOCA RATON, FL 33486

**New Mailing Address:**

FEI Number: 16-1780910      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

A1A REGISTERED AGENT INC.  
5647 110TH AVE. NORTH  
ROYAL PALM BEACH, FL 334110000 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:            PSD            ( ) Delete  
Name:            MEINTJES, KATHRYN S  
Address:        51 NW 45TH AVE - #16  
City-St-Zip:    DEERFIELD BEACH, FL 33442

Title:            VP            ( ) Delete  
Name:            MEINTJES, DEAN J  
Address:        51 NW 45TH AVE - # 106  
City-St-Zip:    DEERFIELD BEACH, FL 33442

Title:            ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            PSD            (X) Change ( ) Addition  
Name:            SEDLAK, KATHRYN S  
Address:        75 SW 12 AVE  
City-St-Zip:    BOCA RATON, FL 33486

Title:            VP            (X) Change ( ) Addition  
Name:            SEDLAK, SUSAN K  
Address:        3115 SOUTH OCEAN BLVD #103  
City-St-Zip:    HIGHLAND BEACH, FL 33487

Title:            T            ( ) Change (X) Addition  
Name:            SEDLAK, C, DOUGLAS  
Address:        3115 SOUTH OCEAN BLVD #103  
City-St-Zip:    HIGHLAND BEACH, FL 33487

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: KATHRYN SEDLAK

PSD

03/28/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date