2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P07000000036

Entity Name: KSM MERCHANDISING CORP.

Current Principal Place of Business:

75 SW 12TH AVE
BOCA RATON, FL 33486

New Principal Place of Business:

499 SW 29TH AVE
DELRAY BEACH, FL 33445

Current Mailing Address:

75 SW 12TH AVE
BOCA RATON, FL 33486

New Mailing Address:

499 SW 29TH AVE
DELRAY BEACH, FL 33445

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: SEDLAK, KATHRYN S
Address: 75 SW 12 AVE
City-St-Zip: BOCA RATON, FL 33486

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: SEDLAK, KATHRYN S
Address: 499 SW 29TH AVE
City-St-Zip: DELRAY BEACH, FL 33445

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: KATHRYN S SEDLAK PSD 04/27/2009

Electronic Signature of Signing Officer or Director — Date