2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2008 8:00 am Secretary of State

DOCUMENT # P0700060143 1. Entity Name KWC UNLIMITED, INC.					04-24-2008 90109 022 ***150.00				
Principal Place	e of Business	Mailing Address	·		400798	155			
604 POWELL		604 POWELL ST			10010	, • •			•
WILDWOOD, F	rL 34/00	WILDWOOD, FL 34785	0	1.	,				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03132008	Chg-P	CR2E034 (12/06)	•
City & State		City & State			4. FEI Number 56 - 26	59953		+ + -	plied For Applicable
Zip Country		Zip	Country		5. Certificate of	Status Desired		75 Addi Required	
	6. Name and Address of Curre	nt Registered Agent	<u> </u>		7. Name and A	ddress of New R			
CHAMPED	DC VEVINIM		Name	9					0
CHAMBERS, KEVIN W 604 POWELL ST WILDWOOD, FL 34785			Stree	t Address (P	dress (P.O. Box Number is Not Acceptable)				
WILDWOO)D, FL 34705	*							·
	•		City				FL	Zip Code)
	named entity submits this statement	for the purpose of changing its	s registered office	or registere	d agent, or both,	in the State of Flo	xida. I am lamil	iar with, a	and accept
trie obligati	ions of registered agent.	• 1							
SIGNATURE_	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered Agent si	nature required w	vhen reinstating)		DATE		
FILI	- MANUEL - FEE 10 4450 00	8 Floring Occurs							
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$55	9. Election Campa Trust Fund Con		\$5.0 □ Adde	00 May Be of to Fees				
After Ma	ay 1, 2008 Fee will be \$55			\$5.0 □ Adde	d to Fees	HANGES TO OFF	ICERS AND DIR	ECTORS	i IN 11
After Ma	ay 1, 2008 Fee will be \$556 OFFICERS AN	D.00 Trust Fund Con	tribution. 11. TITLE	□ \$5.0 Adde	d to Fees	HANGES TO OFF		ECTORS Change	IN 11
After Ma	OFFICERS AND CHAMBERS, KEVIN W	D.00 Trust Fund Con	tribution.	L Adde	d to Fees	HANGES TO OFF			
After Ma	ay 1, 2008 Fee will be \$556 OFFICERS AN	D.00 Trust Fund Con	11. TITLE NAME	L Adde	d to Fees	HANGES TO OFF			
After Ma	OFFICERS AND PERSONNELL ST WILDWOOD, FL 34785	D.00 Trust Fund Con	Tribution. 11. TITLE NAME STREET ADDRES CHY-SI-ZIP TITLE	L Adde	d to Fees	HANGES TO OFF			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachaged with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(352)636-224