

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000060538

FILED
Apr 20, 2009
Secretary of State

Entity Name: KM WORKS, INCORPORATED

Current Principal Place of Business:

17582 BOCAIRE WAY
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

17582 BOCAIRE WAY
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 26-0331723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGELHARD, SHELDON ESQ.
7900 GLADES ROAD
SUITE 330
BOCA RATON, FL 33434 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: PTS () Delete
Name: KRAFT, WAYNE E
Address: 100 W. 57TH ST. H 17E
City-St-Zip: NEW YORK, NY 10019

Title: V () Delete
Name: MENDOZA, ORLANDO
Address: 223 W. 10TH ST, #4A
City-St-Zip: NEW YORK, NY 10014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: KRAFT, WAYNE E
Address: 100 W. 57TH ST. #17E
City-St-Zip: NEW YORK, NY 10019

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: WAYNE KRAFT

P

04/20/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date