2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000036652

Entity Name: KMM PROPERTIES, INC.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2112 2ND STREET 12719 KEDLESTON CIRCLE FORT MYERS, FL 33901 FORT MYERS, FL 33912

Current Mailing Address: New Mailing Address:

C/O JOHN M WICKER ESQ C/O JOHN M WICKER, P.A. PO DRAWER 60205 PO DRAWER 60205 FORT MYERS, FL 33906 FORT MYERS, FL 33906

FEI Number: 26-2391268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WICKER, JOHN M ESQ
COSTELLO ROYSTON & WICKER LLP
12670 NEW BRITTANY BLVD SUITE 101
FORT MYERS, FL 33907 US
WICKER, JOHN M
12670 NEW BRITTANY BLVD SUITE 101
FORT MYERS, FL 33907 US

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: JOHN M. WICKER 04/20/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete Name: AMMON, SUSAN F

Address: 12719 KEDLESTON CIRCLE
City-St-Zip: FORT MYERS, FL 33912

 Title:
 VTD () Delete

 Name:
 AMMON, STEPHEN K

 Address:
 12719 KEDLESTON CIRCLE

 City-St-Zip:
 FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition

Name: AMMON, SUSAN F
Address: 12719 KEDLESTON CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: DVT (X) Change () Addition

Name: AMMON, STEPHEN K
Address: 12719 KEDLESTON CIRCLE
City-St-Zip: FORT MYERS, FL 33912

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: SUSAN F. AMMON DPS 04/20/2009