2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38221

Entity Name: KMB ASSOCIATES, INC.

FILED Apr 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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3882 BELLE VISTA DR E 3882 BELLE VISTA DR E

SAINT PETERSBURG, FL 33706 US SAINT PETERSBURG, FL 33706 US

Current Mailing Address: New Mailing Address:

3882 BELLE VISTA DR E 3882 BELLE VISTA DR E

SAINT PETERSBURG, FL 33706 US SAINT PETERSBURG, FL 33706 US

FEI Number: 51-0213322 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:

BEILIS, MICHEL BEILIS, MICHEL

3882 BELLE VISTA DR E 3882 BELLE VISTA DR E

ST PETESBURG, FL 33700 US SAINT PETERSBURG, FL 33706 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: 04/26/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT () Delete Title: CPT (X) Change () Addition

Name: BEILIS, MICHEL Name: BEILIS, MICHEL

Address: 3882 BELLE VISTA DRIVE SOUTH Address: 3882 BELLE VISTA DRIVE EAST City-St-Zip: SAINT PETERSBURG, FL 33706 US

Title: DS () Delete Title: DS (X) Change () Addition

Name: KUSSMANN, LESLIE B Name: BEILIS, AMY

Address: 50 GREEN LANE Address: 3882 BELLE VISTA DRIVE EAST City-St-Zip: SHERBORN, MA City-St-Zip: SAINT PETERSBURG, FL 33706 US

Title: () Delete Title: DS () Change (X) Addition

Name: Name: KUSSMANN, LESLIE B
Address: 50 GREEN LANE

City-St-Zip: City-St-Zip: SHERBORN, MA 01770 US

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: MICHEL BEILIS CPT 04/26/2009