

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90271 035 ***150.00

DOCUMENT # P93000021251 1. Entity Name KIMBE, INC.					
Principal Place of Business CORNER DOCK & KELLY STREET SOUTH EDGARTOWN, MA 02539 US			Mailing Address 27 DOCKSIDE LANE PMB 195 KEY LARGO, FL 33037 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>24 Dockside Lane</i> Suite, Apt. #, etc. <i>PMB 195</i>			
City & State		City & State		4. FBI Number 65-0403058	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELLIOTT, KIM 27 DOCKSIDE LANE PMB 195 KEY LARGO, FL 33037				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>24 Dockside Lane PMB 195</i> City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ELLIOTT, KIM FERGUSON P.O. BOX 1683 N/A EDGARTOWN, MA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 attachment with an address, with all other like empowered.					
SIGNATURE: <i>Kim S. Elliott</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>3-22-06</i> Daytime Phone #: <i>305-36-0476</i>		