

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000079232			
1. Entity Name KMS, INC.			
Principal Place of Business 1401 S.W. 69TH AVENUE PLANTATION, FL 33317		Mailing Address 1401 S.W. 69TH AVENUE PLANTATION, FL 33317	
DO NOT WRITE IN THIS SPACE			
04212004 No Chg-P CR2E034 (10/03)			
4. FEI Number 65-0547117		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEAN, KENNETH A 1401 S.W. 69TH AVENUE PLANTATION, FL 33317		DO NOT WRITE IN THIS SPACE	
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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		000000129480 04/26/04-80080-005 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P DEAN, TRUDI J 1401 SW 69TH AVE PLANTATION, FL 33317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ST DEAN, KENNETH 1401 SW 69TH AVE PLANTATION, FL 33317	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Trudi J. Dean</u>		4/21/04 954-587-6714	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	