


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2006 8:00 am
Secretary of State

05-31-2006 90008 008 ***150.00

DOCUMENT # P96000045214					
1. Entity Name KLM CONSTRUCTION SERVICES, INC.					
Principal Place of Business 37 NE 1ST TERRACE SUITE D DEERFIELD BEACH, FL 33441 US		Mailing Address 37 NE 1ST TERRACE SUITE D DEERFIELD BEACH, FL 33441 US			
2. Principal Place of Business 4500 PGA BLVD		3. Mailing Address 4500 PGA BLVD			
Suite, Apt. #, etc. 303B		Suite, Apt. #, etc. 303B		05152006 Chg-P CR2E034 (11/05)	
City & State PAIM BEACH Gardens, FL		City & State PAIM BEACH Gardens, FL		4. FEI Number 65-0678342	
Zip 33418		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCLUNG, KERWIN L. 385 N.W. 36TH AVENUE DEERFIELD BEACH, FL 33442				7. Name and Address of New Registered Agent Name Kerwin L. McClung Street Address (P.O. Box Number is Not Acceptable) 4500 PGA BLVD SUITE 303B City PAIM BEACH Gardens FL Zip Code 33418	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCLUNG, KERWIN L	NAME			
STREET ADDRESS	385 N.W. 36TH AVENUE	STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		5/25/06 8614279866			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

ATTACHMENT



50019993

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2006

KLM CONSTRUCTION SERVICES, INC.
385 NW 36TH AVENUE
DEERFIELD BEACH, FL 33442 US

SUBJECT: KLM CONSTRUCTION SERVICES, INC.
Ref, Number: P96000045214

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

TINA D CARTER
OPS

Letter Number: 806A00034790

2nd YEAR IN A ROW I HAVE NOT
RECEIVED AN ANNUAL REPORT! PLEASE
LOOK INTO THIS. ADDRESS HAS BEEN CHANGED
& PAYMENT HAS BEEN SUBMITTED SEPARATELY.
KLM