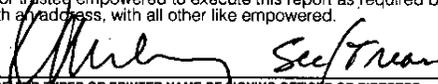


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P96000053561</b> 1. Entity Name <b>KGO DEVELOPMENT, INC.</b>						<b>FILED</b> 04 NOV 29 PM 4:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business <b>1912 CANADAIR COURT DAYTONA BEACH, FL 32128</b>				Mailing Address <b>1912 CANADAIR COURT DAYTONA BEACH, FL 32128 US</b>							
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>5085 Willow Hills Ln. Cincinnati, OH 45243-4219</b>		 <b>REINSTATEMENT 2004</b>							
City & State		City & State						4. FEI Number <b>59-3397702</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country					5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b>  <b>BAKER, MR FRANK 1757 MITCHELL CT DAYTONA BEACH, FL 32128</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>							
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) DATE</small>											
<b>FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00</b>											
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D <input type="checkbox"/> Delete <b>O'MALEY, DAVID B 1912 CANADAIR COURT DAYTONA BEACH, FL 32129</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100043043571 11/29/04--01060--014 **750.00</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D <input type="checkbox"/> Delete <b>O'MALEY, KAREN G 5085 WILLOW HILLS LN CINCINNATI, OH 45243</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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.											
<b>SIGNATURE:</b> 				Date: <b>11/29/04</b>		Daytime Phone #: <b>513 794-6584</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>											