2007 FOR PROFIT CORPORATION

Apr 12, 2007 08:00 All Secretary of State **ANNUAL REPORT** DOCUMENT # P96000079337 1. Entity Name KIM NEESE INC. Principal Place of Business Mailing Address KIM NEESE INC. KIM NEESE INC. 2418 LISENBY AVE. 2418 LISENBY AVE. PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 01032007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3442167 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NEESE, VICTOR KIM DO NOT WRITE 2418 LISENBY AVE. PANAMA CITY, FL 32405 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 Squature, typed or brinted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NEESE, VICTOR K NAME 2418 LISENBY AVE. STREET ADDRESS CITY-ST-7IP PANAMA CITY, FL 32405 U00000703464 04/20/07-80134-022 150.00 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST- ZIP TITLE IN THIS SPACE NAME

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

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED