

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90386 005 ***150.00

DOCUMENT # P98000003613 1. Entity Name KMK SALES, INC.					
Principal Place of Business 1950 N.E. 59 PLACE FT. LAUDERDALE, FL 33308			Mailing Address 1950 N.E. 59 PLACE FT. LAUDERDALE, FL 33308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0805200	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FLANAGAN, JOHN 1950 N.E. 59 PLACE FT. LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)					
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	DPT	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	FLANAGAN, JOHN		NAME		
STREET ADDRESS	1950 N.E. 59 PLACE		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	DS	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	FLANAGAN, MAUREEN		NAME		
STREET ADDRESS	1950 N.E. 59 PLACE		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete		TITLE	☐ Change ☐ 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: <i>John Flanagan</i>		Date 4/19/06 954-646-2935			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40057072



04182006 Chg-P CR2E034 (11/05)