

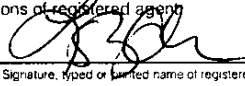



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90009 050 \*\*\*150.00

<b>DOCUMENT # P98000038980</b> 1. Entity Name <b>KSIR, INC.</b>					
Principal Place of Business <b>7220 FINANCIAL WAY SUITE 400 JACKSONVILLE, FL 32256</b>			Mailing Address <b>7220 FINANCIAL WAY SUITE 400 JACKSONVILLE, FL 32256</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number <b>59-3507136</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03262008 Chg-P CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>  <b>ALLEN, LAURA H 7220 FINANCIAL WAY SUITE 400 JACKSONVILLE, FL 32256</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Laura Henry Allen</b> Street Address (P.O. Box Number is Not Acceptable) <b>7220 Financial Way - Ste 400</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32256</b>		
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  <b>Laura Henry Allen</b> <b>3/26/2008</b> <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 \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</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	VPDS <b>ALLEN, LAURA A</b> <b>7220 FINANCIAL WAY, STE 400</b> <b>JACKSONVILLE, FL 32256</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPDS <b>Laura Henry Allen</b> <b>7220 Financial Way - Ste 400</b> <b>Jacksonville, FL 32256</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD <b>ALLEN, JOHN J</b> <b>7220 FINANCIAL WAY, STE 400</b> <b>JACKSONVILLE, FL 32256</b>	<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	
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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 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.					
<b>SIGNATURE:</b>  <b>Laura Henry Allen V.P.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3/26/08</b> <small>Date</small>		<b>904 246 8006</b> <small>Daytime Phone #</small>