2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 13, 2006 8:00 am Secretary of State DOCUMENT # P98000047617 04-13-2006 90294 034 ***158.75 1. Entity Name KW MEDIA GROUP, INC. Principal Place of Business Mailing Address 333 DOUGLAS RD EAST PO BOX 1793 OLDSMAR, FL 34677 OLDSMAR, FL 34677 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 03202006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 59-3516873 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELBY, SCOTT G Street Address (P.O. Box Number is Not Acceptable) 333 E DOUGLAS RD. OLDSMAR, FL 34677 City 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 reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE Delete TITLE Change Addition KELBY, Scott G KELLY, SCOTT G NAME NAME STREET ADDRESS 214 HIGHLAND WOODS DR. STREET ADDRESS SAFETY HARBOR, FL 34695 CITY-ST-ZIP CITY-ST-ZIP VPD TITLE Delete TITLE Change Change ☐ Addition WORKMAN, JAMES J NAME NAME STREET ADDRESS 3020 ASHLAND TERR STREET ADDRESS CITY-ST-7IP CLEARWATER, FL 33761 CITY-ST-ZIP SD TIBLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KELBY, KALEBRA NAME STREET ADDRESS 214 HIGHLAND WOODS DR. STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR, FL 34695 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME KENDRA, JEAN A NAME STREET ADDRESS 3020 ASHLAND TERR STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33761 CITY ST. 7IP TITLE ☐ Delete TITLE ☐ Channe ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete nne ☐ Change ☐ Addition 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 ceth; 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.

FILED