2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# P98000052685

Entity Name: KMS ASSOCIATES, INC.

Current Principal Place of Business:

10619 WEST ATLANTIC BOULEVARD
SUITE 102
CORAL SPRINGS, FL 33071

New Principal Place of Business:

1287 UNIVERSITY DRIVE
SUITE 102
CORAL SPRINGS, FL 33071

Current Mailing Address:

10619 WEST ATLANTIC BOULEVARD
SUITE 102
CORAL SPRINGS, FL 33071

New Mailing Address:

1287 UNIVERSITY DRIVE
SUITE 102
CORAL SPRINGS, FL 33071

FEI Number: 65-0843055 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: WESTON, KYLE
Address: 10619 WEST ATLANTIC BOULEVARD
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete
Name: BLOCK-WESTON, MICHELLE
Address: 10619 W ATLANTIC BLD
City-St-Zip: POMPANO BEACH, FL 33071

Title: S ( ) Delete
Name: GLAUG, JOY L
Address: 10619 W ATLANTIC BLVD
City-St-Zip: POMPANO BEACH, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: WESTON, KYLE
Address: 1287 UNIVERSITY DRIVE SUITE 102
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D (X) Change ( ) Addition
Name: BLOCK-WESTON, MICHELLE
Address: 1287 UNIVERSITY DRIVE SUITE 102
City-St-Zip: POMPANO BEACH, FL 33071

Title: S (X) Change ( ) Addition
Name: SANGSTER, JACQUELINE
Address: 1287 UNIVERSITY DRIVE SUITE 102
City-St-Zip: POMPANO BEACH, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KYLE WESTON P 04/19/2006

Electronic Signature of Signing Officer or Director Date