

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000052685

Entity Name: KMS ASSOCIATES, INC.

FILED  
Mar 25, 2009  
Secretary of State

## Current Principal Place of Business:

1287 UNIVERSITY DRIVE  
SUITE 102  
CORAL SPRINGS, FL 33071

## Current Mailing Address:

1287 UNIVERSITY DRIVE  
SUITE 102  
CORAL SPRINGS, FL 33071

## New Principal Place of Business:

1515 UNIVERSITY DRIVE  
SUITE 102D  
CORAL SPRINGS, FL 33071

## New Mailing Address:

1515 UNIVERSITY DRIVE  
SUITE 102D  
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: 1287 UNIVERSITY DRIVE SUITE 102  
City-St-Zip: CORAL SPRINGS, FL 33071

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: WESTON, KYLE  
Address: 1515 UNIVERSITY DRIVE SUITE 102D  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D (X) Change ( ) Addition  
Name: BLOCK-WESTON, MICHELLE  
Address: 1515 UNIVERSITY DRIVE SUITE 102D  
City-St-Zip: POMPANO BEACH, FL 33071

Title: S (X) Change ( ) Addition  
Name: SANGSTER, JACQUELINE  
Address: 1515 UNIVERSITY DRIVE SUITE 102D  
City-St-Zip: POMPANO BEACH, FL 33071

I hereby certify that the information supplied with this filing does not qualify 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

03/25/2009

Electronic Signature of Signing Officer or Director

Date