2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED May 01, 2007 8:00 am Secretary of State

Daytime Phone #

| ANNOAL ILL ON I | | | | | Secretary of State | | | |
|--|--|---------------------------------|--------------------|--|--|------------------------------------|-----------------------------------|--------------|
| DOCUMENT # P98000055460 1. Entity Name KMB FINANCIAL GROUP, INC. | | | | | l . | | 0054 007 ***150.0 | |
| Principal Place of Business Mailing Address | | | | | 400- | | | |
| 240 S PINEAPPLE AVE, 10TH FL | | 333 S. TAMIAMI TRAIL | | | | | | |
| SARASOTA, FL 34236 | | STE 101 | | | | | | |
| | | VENICE, FL 34285 | | | | SING PENGENDAN SERI SEMI | Baibi bilbi bilki bibik biki biki | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | |
| | | , | | | utul fulli balki uuli t au lil | I BUINI BILNI BILII BIBIN BILII BU | 183f It 1881 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01172007 | Chg-P | CR2E034 (12/06) | | |
| City & State | | City & State | | | 4. FEi Number | | Ap | plied For |
| Zip Country | | Zip Cour | | ntry. | 65-0844659 | | · | t Applicable |
| zip | Country | 249 | Country | | 5. Certificate o | f Status Desired | S8.75 Add Fee Require | |
| | 6. Name and Address of Current I | Registered Agent | | Name | 7. Name and A | ddress of New Re | egistered Agent | |
| MILLER, MICHAEL W 333 S TAMIAMI TRAIL STE 101 VENICE, FL 34285 | | | | IName | | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | City | | | FL Zip Code |) |
| 8. The above | named entity submits this statement for | ed office or register | red agent, or both | in the State of Flo | | and accept | | |
| 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 | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS/C | HANGES TO OFFI | CERS AND DIRECTORS | S IN 11 |
| TITLE | PD ` | ☐ Delete | TITL | E | | | ☐ Change | Addition |
| NAME | BAND, DAVID S | | NAM | IE | | | | |
| STREET ADDRESS | 240 S PIÑEAPPLE AVE, 10TH FL | - | STRI | EET ADDRESS | | | | |
| CITY-ST-ZIP | SARASOTA, FL 34236 | | СПА | -ST-ZIP | | | | |
| TITLE | SD | ☐ Delete | TITE | | | | ☐ Change | Addition |
| NAME | KALIN, EDWARD L | | NAM | - ! | | | | |
| STREET ADDRESS CITY-ST-ZIP | 5252 S TAMIAMI TRAIL SARASOTA, FL 34231 | | | EET ADDRESS -ST-ZIP | | | | |
| TITLE | VTD | ☐ Delete | TITL | | | | ☐ Change | Addition |
| NAME | MILLER, MICHAEL W | Li Delete | NAM | | | | C change | Addition |
| STREET ADDRESS | 333 S. TAMIAMI TRAIL, STE 101 | | | eet address | | | | |
| CITY-ST-ZIP | VENICE, FL 34285 | | СІТУ | -ST-ZIP | | | | |
| TITLE | | ☐ Delete | TITL | E | | | ☐ Change | ☐ Addition |
| NAME | | | NAM | ie | | | | |
| STREET ADDRESS | | | | EET ADDRESS | | | | |
| CITY-ST-ZIP | | | | -ST-ZIP | | · | | |
| TITLE NAME | | ☐ Delete | TITL | į. | | | ☐ Change | ☐ Addition |
| STREET ADDRESS | | | | · • | | | | |
| CITY-ST-ZIP | | | | EET ADDRESS '-ST-ZIP | | | | |
| TITLE | | ☐ Delete | TITL | | | | ☐ Change | Addition |
| NAME | | | NAM | | | | | |
| STREET ADDRESS | | | STR | EET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY | -ST-ZIP | | | | |
| 12. I hereby | certify that the information supplied with | this filing does not qualify fo | r the ex | emptions contained | d in Chapter 119, | Florida Statutes. I | further certify that the in | nformation |
| 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 a trusted empowered to execute the 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. | | | | | | | | |
| changed, or on an attachment with an address, with all other like emboyered. | | | | | | | | |