

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000056059

Entity Name: KCDS, INC.

FILED
Feb 06, 2008
Secretary of State

Current Principal Place of Business:

2203 NORTH LOIS AVENUE #1200
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2203 NORTH LOIS AVENUE #1200
TAMPA, FL 33607

New Mailing Address:

P.O. BOX 25261
TAMPA, FL 33622 52

FEI Number: 59-3522301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOLD, AARON J ESQ
704 WEST BAY STREET
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

GOLD, AARON J ESQ
202 S. ROME
SUITE 100
TAMPA, FL 33606 US

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:

02/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAMPO, JOAQUIN M CEO
Address: 2203 NORTH LOIS AVENUE #1200
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: CAMPO, ANGELA B
Address: 2203 NORTH LOIS AVENUE #1200
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: CAMPO, MICHAEL J
Address: 2203 NORTH LOIS AVENUE #1200
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: MENENDEZ, MARTHA
Address: 2203 N. LOIS AVE.
City-St-Zip: TAMPA, FL 33607

Title: O () Delete
Name: MCGUCKEN, STEPHEN H
Address: 2203 N. LOIS AVE., SUITE 1200
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOAQUIN M. CAMPO

D

02/06/2008

Electronic Signature of Signing Officer or Director

Date