

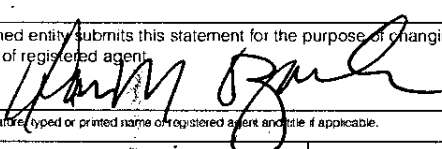


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90665 009 ***150.00

DOCUMENT # P98000080653 1. Entity Name K.M.A. MINING, INC.					
Principal Place of Business 2308 TROPICAL AIRE BLVD. NORTH PORT, FL 34287			Mailing Address P.O. BOX 7537 NORTH PORT, FL 34287		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 1865 Suite, Apt. #, etc.			
City & State Venice FL		4. FEI Number 65-0909764		Applied For <input type="checkbox"/> Not Applicable	
Zip 34284		Country SARASOTA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AYLSWORTH, CINDY 2308 TROPIC AIRE BLVD NORTH PORT, FL 34287			7. Name and Address of New Registered Agent Name DAMIAN M. OZARK Street Address (P.O. Box Number is Not Acceptable) 2808 MANATEE AVE W City BRADENTON FL Zip Code 34205		
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  DAMIAN M. OZARK DATE 4/30/04 <small>Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AYLSWORTH, CINDY L 2308 TROPIC AIRE BLVD NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RITZMANN, THOMAS 2308 TROPIC AIRE BLVD NORTH PORT, FL 34287	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PALM, MELVIN C 2308 TROPIC AIRE BLVD NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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.					
SIGNATURE:  4-27-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					