2007 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Apr 25, 2007 08:00 All Secretary of State DOCUMENT # P98000088591 1. Entity Name K.C. SHOPPING, INC. Principal Place of Business Mailing Address 8100 S.W. 81ST DRIVE., #210 8100 S.W. 81ST DRIVE,, #210 MIAMI, FL 33143 MIAMI, FL 33143 04132007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0875332 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HECHTMAN, BARRY I DO NOT WRITE 8100 S.W. 81ST DRIVE., #210 MIAMI, FL 33143 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS STD TITLE U00000732358 NAME BELL, ALAN 05/09/07-80043-006 150.00 8100 S.W. 81ST DRIVE., #210 STREET ADDRESS CITY-ST-7IP MIAMI, FL 33143 TITLE HECHTMAN, BARRY I NAME STREET ADDRESS 8100 S.W. 81ST DRIVE., #210 CITY-S1-ZIP MIAMI, FL 33143 TATLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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 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 in changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #