

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90030 028 ***150.00

DOCUMENT # P99000014879					
1. Entity Name KIL MIN, INC.					
Principal Place of Business 10585 CREST GLEN CIR E JACKSONVILLE, FL 32256			Mailing Address 4401 EMERSON ST SUITE 8 JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box # 5431 Norwood Ave		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04132008 Chg-P CR2E034 (12/06)	
City & State Jacksonville, FL		City & State		4. FEI Number 59-3556465	
Zip 32208		Country Duval		Applied For Not Applicable	
Zip 32208		Country Duval		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAN, YU D CPA 4401 EMERSON ST SUITE 8 JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name: <u>Kil Min</u> Street Address (P.O. Box Number is Not Acceptable): <u>4401 Emerson St #18</u> City: <u>Jacksonville</u> FL Zip Code: <u>32207</u>		
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: <u>[Signature]</u> <u>Min S. Kil</u> <u>4-13-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST KIL, MIN S 10585 CRESTON GLEN CIRCLE E JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	ADDRESS change TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST Kil, Min S 5431 Norwood Ave Jacksonville, FL 32208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <u>Min S. Kil</u> <u>4-13-08</u> <u>904)346-1961</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			