2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PR

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # P99000026625 1. Entity Name 04-25-2005 90228 013 ***150.00 KGM CAPITAL, INC. Principal Place of Business Mailing Address 5668 NW 87 WAY 5668 NW 87 WAY CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067 2. Principal Place of Business 3. Mailing Address 1149 S. MILITARY TRL Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For EERFIELD BEACH 65-0905238 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VERDUIN, KENNETH L JR Street Address (P.O. Box Number is Not Acceptable) 5668 NW 87 WAY **CORAL SPRINGS FL 33067** City Zip Code 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 Signature, typed or printed name of registered agent and title it applicable DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete Change Addition NAME VERDUIN, KENNETH L NAME 1149 S. MILITARY TRL DEER FIELD BEACH F-33442-7645 STREET ADDRESS 5668 NW 87 WAY STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33067 CITY-ST-74P TITLE ☐ Delete TITLE VERDUIN, VIRGINIA E NAME MARKE 1149 S.MILITARY TRL STREET ADDRESS 5668 NW 87 WAY STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33067 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Changé ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED