2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 23, 2007
Secretary of State

DOCUMENT# P99000037473

Entity Name: KMD & ASSOCIATES, INC.

Current Principal Place of Business:

1436 DEXTER DR
CLEARWATER, FL 33756

New Principal Place of Business:

19115 HUCKAVALLE RD.
ODESSA, FL 33556

Current Mailing Address:

1436 DEXTER DR
CLEARWATER, FL 33756

New Mailing Address:

19115 HUCKAVALLE RD
ODESSA, FL 33556

FEI Number: 65-0905497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEGOLYER, RICK A
1436 DEXTER DR
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

DEGOLYER, RICK A
19115 HUCKAVALLE RD
ODESSA, FL 33556 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: RICK A. DEGOLYER 01/23/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DEGOLYER, RICK A
Address: 1436 DEXTER DR
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete
Name: DEGOLYER, CARLEEN M
Address: 1436 DEXTER DR
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DEGOLYER, RICK A
Address: 19115 HUCKAVALLE ROAD
City-St-Zip: ODESSA, FL 33556

Title: D (X) Change ( ) Addition
Name: DEGOLYER, CARLEEN M
Address: 19115 HUCKAVALLE RD
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the 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: RICK A. DEGOLYER D 01/23/2007
Electronic Signature of Signing Officer or Director Date