2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2007 08:00 AM Secretary of State

ANNUAL REPORT				Socratary of Stat
DOCUMENT # P99000100865				Secretary of State
L. Entity Name KLM ENTERPRISES, INC.				
KLM EN	TERPRISES, INC.			
Principal Plac	ace of Business	Mailing Address		1
	NIE BAY CIRCLE	6754 BONNIE BAY CIRCLE		
PINELLAS PI	PARK, FL 33781	PINELLAS PARK, FL 33781		
				# INTERNATION NA TORRE LORIN BEHIN BEHIN BEHIN BEHIN BENN BENN BEHIN BEHIND # (18) # (18) # (18)
			1	02272007 No Chg-P CR2E034 (11/05)
r	OO NOT WRITE	IN THIS SPA	CF	
_	JO NO! TINIL	IN THIS SIZE	OL .	4. FEI Number Applied For 59-3609553 Not Applicable
	,			\$9.75 Additional
				Fee Required
6. Name and Address of Current Registered Agent				
	KENNETH L			DO NOT WRITE
	NNIE BAY CIR S PARK, FL 33781			
PINELLO	3 PAKK, FL 33/01		,	IN THIS SPACE
	re named entity submits this statement for t ations of registered agent.	the purpose of changing its register	red office or register	ored agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematching) DATE				
FILE NOWIII FEE 18 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1 2007 Fee will be \$550.00 Trust Fund Contribution.				
	May 1, 2007 Fee will be \$550.00			190 10 F898
10.	OFFICERS AND D	IRECTORS	-	•
TITLE NAME	MEYER, KENNETH L		, ,	
STREET ADDRESS	6754 BONNIE BAY CIR			U00000686171 04/09/07-90034-016 150,00
CITY-ST-ZIP	PINELLAS PARK, FL 33781		_	04,709,707-80034-016 150,00
TITLE NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME STREET ADDRESS	,			<u> </u>
CITY-ST-ZIP				DO NOT WRITE
TITLE			1	IN THIS SPACE
NAME STREET ADDRESS			, ,	IN THIS STACE
STREET ADDRESS CITY-ST-ZIP			1.	
TITLE	 			
NAME				!
STREET ADDRESS				
CITY-ST-ZIP			-	
TITLE	1			

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 his 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:

STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.21.07 727.547.555

Daytime Phone

WETH /L. MEYET