2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000101374

1. Entity Name
KMD LABELING, INC.

40000518

Principal Place of Business	Mailing Address
6803 PARKE EAST BOULEVARD TAMPA, FL 33610	6803 PARKE EAST BOULEVARD TAMPA, FL 33610

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01042005   Chg-P   CR2E034 (10/03)

4. FEI Number
59-3609416
Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMILES, GARY H 6803 PARKE EAST BOULEVARD TAMPA, FL 33610	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing ☐
Trust Fund Contribution.
$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME SMILES, GARY H STREET ADDRESS 4527 W. ROSEMERE CITY-ST-ZIP TAMPA, FL 33609 ☐ Delete	TITLE _PRES, DIR._ NAME _SMILES, GARY H._ STREET ADDRESS _4527 W ROSEMERE_ CITY-ST-ZIP _TAMPA, FL 33609_ ☒ Change ☐ Addition
TITLE ST NAME SMILES, MICHELLE STREET ADDRESS 11913 CUPWORTH CT. CITY-ST-ZIP HUNTERSVILLE, NC 28078 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE VP NAME BASSET, DAVID STREET ADDRESS 24236 TRADEWINDS DR. CITY-ST-ZIP LAND O LAKES, FL 34639 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: _____   1/5/05   (813) 628-4464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #