FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90052 012 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S02025

1. Entity Name
KIMARAH INC.

90133738

Principal Place of Business	Mailing Address
447 E. ALTAMONTE DR ALTAMONTE SPRINGS, FL 32701 US	447 E. ALTAMONTE DR ALTAMONTE SPRINGS, FL 32701 US

2. Principal Place of Business	3. Mailing Address
947 E. Altamonte Dr	947 E. Altamonte Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Altamonte Springs, FL	City & State: Altamonte Springs, FL
Zip: 32701 Country: USA	Zip: 32701 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3024518 — 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
BARTHELEMY, HERLA M. 523 BOXELDER AVE. ALTAMONTE SPRINGS, FL 32714	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's signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to: Florida Department of State

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 ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BARTHELEMY, HERLA M.	NAME	
STREET ADDRESS	677 SABAL PALM CR	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: Herla Barthelemy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #