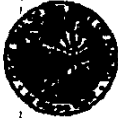


ANNUAL REPORT

DOCUMENT # S81622 1. Entity Name K.A.M. PRINTING, INC.	
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Principal Place of Business 4400 NW 19TH AVE BAY L POMPANO BEACH, FL 33064 US	Mailing Address 4400 NW 19TH AVE BAY L POMPANO BEACH, FL 33064 US
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FILED
05 MAY -4 AM 9:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

05022005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0292752	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERRY, DONALD
4400 NW 19TH AVE
BAY L
POMPANO BEACH, FL 33064

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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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

FILE NOW!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERRY, DONALD E 9612 NW 52ND MANOR CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERRY, JONI 9612 NW 52ND MANOR CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/20/05 80069 002 \$150.00

JRS/14

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Donald E Berry 5/1/05 924968-1901
SIGNATURE AND TYPED OR PRINTED NAME OF EXHIBIT OFFICER OR DIRECTOR Date Office Phone #