.. 2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED May 03, 2005 08:00 AM Secretary of State **DOCUMENT # V10442** 1. Entity Name KMS RESTAURANT CORP. Principal Place of Business Mailing Address P.O. BOX 3243 230 ROYAL PALM WAY PALM BEACH, FL 33480 US PALM BEACH, FL 33480 US 04282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0319046 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent KEITEL, FREDRICK J. III DO NOT WRITE 230 ROYAL PALM WAY PALM BEACH, FL 33480 IN THIS SPACE 3. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME KEITEL, FREDERICK J STREET ADDRESS 230 ROYAL PALM WAY CITY-ST-ZIP PALM BEACH, FL U00000360035 TITLE 05/05/05-80019-011 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS

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: Frederick ()	- Keith TII	4/28/0	5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Dete	Daytime Phone #
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