2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 04, 2006 8:00 am Secretary of State **DOCUMENT # V12645** 05-04-2006 90242 012 ***500 00 1. Entity Name KB FINANCIAL, INC. MARGARIA Principal Place of Business Mailing Address 240 SOUTH PINEAPPLE AVENUE 711 S OSPREY AVE 10TH FLOOR SUITE 1 SARASOTA, FL 34236 SARASOTA, FL 34236 04112006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0313545 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PARKER, MINDY K DO NOT WRITE 711 S OSPREY AVE SUITE 1 IN THIS SPACE SARASOTA, FL 34236 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 onprinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME KAUFMAN, MARK S. STREET ADDRESS 455 LONGBOAT CLUB ROAD LONGBOAT KEY, FL 34228 CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

4119/06

941-350 6314

FILED

Daytime Phone #