


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90083 044 ***150.00

| | | | |
|--|---------|---|---------|
| DOCUMENT # 348399 | |  | |
| 1. Entity Name KP BUSINESS HOLDINGS, INC. | | | |
| Principal Place of Business 2100 LAKE EUSTIS DR. TAVARES, FL 32778 | | Mailing Address 2100 LAKE EUSTIS DR. TAVARES, FL 32778 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

40090701



03222007 Chg-P CR2E034 (12/06)

| | | | |
|---|--|--------------------------------|--|
| 4. FEI Number 59-2493271 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CAMPIONE, DAVID 600 JENNINGS AVE EUSTIS, FL 32726 | | Name CAMPIONE, LESLIE | |
| | | Street Address (P.O. Box Number is Not Acceptable) 324 E. FIFTH AVENUE | |
| | | City MT. DORA FL Zip Code 32757 | |

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: X Julie Caprin (NOTE: Registered Agent signature required when reinstating) DATE: X 3-26-07

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD SHAMROCK, KEITH J 2100 LAKE EUSTIS DRIVE TAVARES, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD SHAMROCK, PATRICIA B 2100 LAKE EUSTIS DRIVE TAVARES, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: X Keith J. Shamrock SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: X March 26, 2007 Daytime Phone #