


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000002117
 1. Entity Name
 THE KEMTAH GROUP, INC.



Principal Place of Business Mailing Address
 4101 INDIAN SCHOOL RD. NE 4101 INDIAN SCHOOL RD. NE
 ALBUQUERQUE, NM 87110 ALBUQUERQUE, NM 87110

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 85-0356242 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION, FL 32344

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000055306
 02/17/04-80032-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPT HARRIS, KEITH A 3303 CAMINO DE LA SIERRA NE ALBUQUERQUE, NM 87111
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HARRIS, SARAH J 3303 CAMINO DE LA SIERRA NE ALBUQUERQUE, NM 87110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HARRIS, MAX E 4965 CRESTBROOK WATERFORD, MI 48328
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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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:  **GARY GIBSON** 1-28-04 505-346-4925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #