

2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 24, 2009
Secretary of State**

DOCUMENT# F01000004552

Entity Name: KENNINGTON CO, INC.

Current Principal Place of Business:

MORAITIS, COFAR, KARNEY & MORAITIS
915 MIDDLE RIVER DRIVE SUITE 506
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

MORAITIS, COFAR, KARNEY & MORAITIS
915 MIDDLE RIVER DRIVE SUITE 506
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 65-1128043 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORAITIS, GEORGE R
915 MIDDLE RIVER DRIVE, SUITE 506
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OTOYA, BEATRIZ M
Address: CARRERA 104 #14-05/CALI
City-St-Zip: COLUMBIA,

Title: D () Delete
Name: MEJIA, ADRIANA O
Address: CARRERA 104 #14-05/CALI
City-St-Zip: COLUMBIA,

Title: D () Delete
Name: MEJIA, ALFONSO O
Address: CARRERA 104 #14-05/CALI
City-St-Zip: COLUMBIA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEATRIZ OTOYA

P

06/24/2009

Electronic Signature of Signing Officer or Director

_____ Date