


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90202 033 ***158.75

DOCUMENT # F93000003977

1. Entity Name
KENKO, INC.



Principal Place of Business
**12301 CENTRAL AVE NE
BLAINE MN 55434
US**

Mailing Address
**12301 CENTRAL AVE NE
BLAINE MN 55434
US**



2. Principal Place of Business - Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address - Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

4. FEI Number **41-1299249** Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MCGRAND, JEFFREY	
STREET ADDRESS	2611 WESTGROVE DR., STE 107	
CITY-ST-ZIP	CARROLLTON TX 75006	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCGRAND-SVOBODA, JILL	
STREET ADDRESS	4453 LAFAYETTE LANE	
CITY-ST-ZIP	SPRING PARK MN 55384	
TITLE	T	<input type="checkbox"/> Delete
NAME	ENERSON, CURTIS	
STREET ADDRESS	2759 150TH AVE	
CITY-ST-ZIP	CLEAR LAKE MN 55319	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	MCGRAND, LUVERN	
STREET ADDRESS	6110 SUNSET DRIVE	
CITY-ST-ZIP	MOUND MN 55364	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Signature Required* Date: 2-4-03 Daytime Phone #: 7637552199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)