FILED
May 30, 2007 8:00 am
Secretary of State
05-30-2007 90004 016 ***558.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K83251

1. Entity Name
KENSON ENTERPRISES, INC.

40118985

Principal Place of Business	Mailing Address
4529 WEST HIGHWAY 192 KISSIMMEE, FL 34746	4529 WEST HIGHWAY 192 KISSIMMEE, FL 34746

DO NOT WRITE IN THIS SPACE

05212007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2952496
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HO, AI H
4529 WEST HIGHWAY 192
KISSIMMEE, FL 34746

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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, type or print name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $550.00 ✓
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	~~HUANG, CHI-CHIAO~~ Kenneth S. Ho
STREET ADDRESS	4529 WEST HIGHWAY 192
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	M
NAME	HO, ~~KAO-H~~ Ai Hua
STREET ADDRESS	4529 WEST HIGHWAY 192
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 5/24/07 407 396-2042
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #