

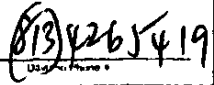


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

4/ **FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90044 007 \*\*\*150.00

<b>DOCUMENT # P03000092486</b>			
1. Entity Name KENNEDEE GLOBAL SERVICES, INC.			
Principal Place of Business 4730 N. HABANA AVE., SUITE 101 TAMPA, FL 33614		Mailing Address P. O. BOX 15779 TAMPA, FL 33684	
2. Principal Place of Business - No P.O. Box # <i>800 N. Dale Mabry Hwy</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>Suite 709</i>		Suite, Apt. #, etc.	
City & State <i>Tampa</i>		City & State	
Zip <i>33614</i>	Country	Zip	Country
6. Name and Address of Current Registered Agent  SHOBOLA, KENNETH 3704 BERGER ROAD TAMPA, FL 33548		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ DATE _____ <small>(Signature, printed name of registered agent and title, if applicable) (Title: If chosen Agent registration required when registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	CEO SHOBOLA, KENNETH 3704 BERGER ROAD TAMPA, FL 33548 <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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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
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, as empowered.			
SIGNATURE: 		5/12/08 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

66010789



02042008 Chg-P CR2E034 (12/06)

4. FEI Number  
16-1682026 Applied For  
Not Applicable

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