## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **EOCUMENT # P03000113973** 1. Entity Name FILED KENSINGTON NANNY & HOME SERVICES, INC. 05 APR 15 AM 8: 35 Principal Place of Business Mailing Address SEURÉTARY OF STATE TALLAHASSEE, FLORIDA 1857 WELLS ROAD 1857 WELLS ROAD SUITE 6 SUITE 6 ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 US 02122005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1606491 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME VON DIETRICH, ANGELA L STREET ADDRESS 1857 WELLS ROAD, SUITE 6 CITY-ST-ZIP ORANGE PARK, FL 32073 TITLE NAME **40005**3932654 05/06/05--01007--008 \*\*150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE . - 3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR