

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000514

FILED
Apr 30, 2009
Secretary of State

Entity Name: KIESINGER GROUP INC.

Current Principal Place of Business:

4720 SE 15TH AVE
124
CAPE CORAL, FL 33904 US

Current Mailing Address:

4720 SE 15TH AVE
124
CAPE CORAL, FL 33904 US

FEI Number: 20-2086411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIESINGER, BENJAMIN
4720 SE 15TH AVE.
124
CAPE CORAL, FL 33904 US

New Principal Place of Business:

4720 SE 15TH AVE
115-118
CAPE CORAL, FL 33904 US

New Mailing Address:

4720 SE 15TH AVE
115-118
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

KIESINGER, BENJAMIN
4908 SW 22ND PL
CAPE CORAL, FL 33914 US

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: _____

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: KIESINGER, BENJAMIN
Address: 4720 SE 15TH AVE STE 124
City-St-Zip: CAPE CORAL, FL 33904 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: KIESINGER, BENJAMIN
Address: 4908 SW 22ND PL
City-St-Zip: CAPE CORAL, FL 33914 US

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: BENJAMIN KIESINGER

PST

04/30/2009

Electronic Signature of Signing Officer or Director

Date