

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000073562

FILED
Jan 09, 2009
Secretary of State

Entity Name: KINGSLEY PROPERTIES MANAGEMENT CO.

Current Principal Place of Business:

1550 S GOLDENEYE LANE
HOMESTEAD, FL 330351027

New Principal Place of Business:

1550 SOUTH GOLDENEYE LANE
HOMESTEAD, FL 330351027

Current Mailing Address:

1550 S GOLDENEYE LANE
HOMESTEAD, FL 330351027

New Mailing Address:

1550 SOUTH GOLDENEYE LANE
HOMESTEAD, FL 330351027

FEI Number: 20-8011541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUNDERSON, LEIF K
1550 S GOLDENEYE LANE
HOMESTEAD, FL 330351027 US

Name and Address of New Registered Agent:

GUNDERSON, LEIF K
1550 SOUTH GOLDENEYE LANE
HOMESTEAD, FL 330351027 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: _____

01/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPS () Delete
Name: GUNDERSON, LEIF K
Address: 1550 S GOLDENEYE LANE
City-St-Zip: HOMESTEAD, FL 330351027

Title: DV () Delete
Name: GUNDERSON, AVA B
Address: 1550 S GOLDENEYE LANE
City-St-Zip: HOMESTEAD, FL 330351027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPS (X) Change () Addition
Name: GUNDERSON, LEIF K
Address: 1550 SOUTH GOLDENEYE LANE
City-St-Zip: HOMESTEAD, FL 330351027

Title: DV (X) Change () Addition
Name: GUNDERSON, AVA B
Address: 1550 SOUTH GOLDENEYE LANE
City-St-Zip: HOMESTEAD, FL 330351027

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: LEIF K. GUNDERSON

CPS

01/09/2009

Electronic Signature of Signing Officer or Director

Date