


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90022 022 ***150.00

DOCUMENT # P06000098411

1. Entity Name
KIN CONSULTING, INC.




Principal Place of Business
**10305 BERMUDA DR
 COOPER CITY, FL 33026**

Mailing Address
**10305 BERMUDA DR
 COOPER CITY, FL 33026**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02072008 Chg-P CR2E034 (12/06)

4. FEI Number
43-2108850 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPDIRECT-AGENTS, INC.
 515 EAST PARK AVENUE
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent
 Name **IRA NASSE**
 Street Address (P.O. Box Number is Not Acceptable)
10305 BERMUDA DR.
 City **COOPER CITY** FL Zip Code **33026**

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: *J. Nasse* DATE: **2/1/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 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 | D NASSE, IRA 10305 BERMUDA DR COOPER CITY, FL 33026 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *J. Nasse* **IRA NASSE** DATE: **2/1/08** DAYTIME PHONE #: **305-318-7007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR