


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000028867 1. Entity Name KINTECH MANUFACTURING, INC.	
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Principal Place of Business 400 VENTURE DR SUITE D SOUTH DAYTONA, FL 32119 US	Mailing Address P.O. BOX 290632 PORT ORANGE, FL 32129-0632
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01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3238054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KINION, ELAINE  
 981 BRAMBLE BUSH CIRCLE EAST  
 PORT ORANGE, FL 32127

**DO NOT WRITE 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 Elaine Kinion, Elaine Kinion DATE 3-30-05  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

1000002886700  
 04/02/05-80042-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>1,5</del> KINION, ELAINE 981 BRAMBLE BUSH CR E PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>President</del> KINION, KEVIN 981 BRAMBLE BUSH CR E PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Elaine Kinion Elaine Kinion DATE 3-30-05 DAYTIME PHONE # 386-756-8612  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #