


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90206 001 ***150.00

| | | | | | |
|--|--|---------------------|--|---|----|
| DOCUMENT # P94000028867 1. Entity Name KINTECH MANUFACTURING, INC. | | | |  | |
| 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| KINION, ELAINE 981 BRAMBLE BUSH CIRCLE EAST PORT ORANGE, FL 32127 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | | |
| | | | | City | FL |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PT KINION, ELAINE <input type="checkbox"/> Delete 981 BRAMBLE BUSH CR E PORT ORANGE, FL 32127 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST Elaine Kinion <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 981 Bramble Bush Cr E Port Orange, FL 32127 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS KINION, KEVIN <input type="checkbox"/> Delete 981 BRAMBLE BUSH CR E PORT ORANGE, FL 32127 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Kevin Kinion <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 981 Bramble Bush Cr E Port Orange, FL 32127 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>Elaine Kinion</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4-21-06 386-756-8612 <small>Date Daytime Phone #</small> | | |