


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P94000028867  
 1. Entity Name  
 KINTECH MANUFACTURING, INC.



Principal Place of Business  
 981 BRAMBLE BUSH CR. E  
 PORT ORANGE, FL 32127 US

Mailing Address  
 P.O. BOX 290632  
 PORT ORANGE, FL 32129-0632



01182008 No Chg-P CR2E034 (11/05)

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**

000000875025  
 04/11/08-80016-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	VST
NAME	KINION, ELAINE
STREET ADDRESS	981 BRAMBLE BUSH CR E
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	P
NAME	KINION, KEVIN
STREET ADDRESS	981 BRAMBLE BUSH CR E
CITY-ST-ZIP	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	

**DO NOT WRITE IN THIS SPACE**

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: Elaine Kinion Elaine Kinion 3-27-08 386-756-8612  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #