


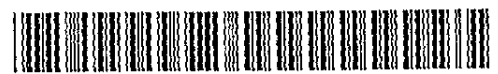
**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 398973  
 1. Entity Name  
 KINZIE CORPORATION



Principal Place of Business 330 S. PINEAPPLE AVE., SUITE 106 SARASOTA, FL 34236	Mailing Address 330 S. PINEAPPLE AVE., SUITE 106 SARASOTA, FL 34236
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01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1393461	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  
 PIPER, ROBERT H., JR.  
 330 S. PINEAPPLE AVE., SUITE 106  
 SARASOTA, FL 34236

**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, 2004 Fee will be \$550.00**


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

1100000167410  
 07/20/04-80003-010 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KINZIE, WILLARD L. 110 DUNLOP ST., WEST BARRIE ONTARIO CANAD,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KINZIE, RUTH 110 DUNLOP ST., WEST BARRIE ONTARIO CANAD,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MULLET, JULIE 2051 MAIN ST., 102 SARASOTA, FL
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 exemption stated in Section 119.07(3)(f), 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:  WILLARD L. KINZIE JULY 14-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 705-737-1881