
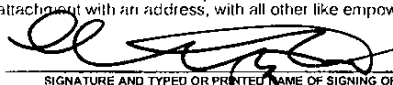


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90070 012 ***150.00

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		
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 Now Registered Agent	
PIPER, ROBERT H., JR. 330 S. PINEAPPLE AVE., SUITE 106 SARASOTA, FL 34236				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FREE 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	PT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KINZIE, WILLARD L.		NAME		
STREET ADDRESS	110 DUNLOP ST., WEST		STREET ADDRESS	135 Shanty Bay Rd	
CITY-ST-ZIP	BARRIE ONTARIO CANAD.		CITY-ST-ZIP	Barrie Ontario Canada L4M 1E1	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KINZIE, RUTH		NAME		
STREET ADDRESS	110 DUNLOP ST., WEST		STREET ADDRESS	135 Shanty Bay Rd	
CITY-ST-ZIP	BARRIE ONTARIO CANAD.		CITY-ST-ZIP	Barrie Ontario Canada L4M 1E1	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MULLET, JULIE		NAME		
STREET ADDRESS	2051 MAIN ST., 102		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:	 WILLARD L. KINZIE			Date	Daytime Phone #
				JAN 12, 2006	705-237-1881

60010965



01062006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1393461 Applied For Not Applicable

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

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL
Zip Code	

FILE NOW!!! FREE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		
TITLE	PT	<input type="checkbox"/> Delete
NAME	KINZIE, WILLARD L.	
STREET ADDRESS	110 DUNLOP ST., WEST	
CITY-ST-ZIP	BARRIE ONTARIO CANAD.	
TITLE	V	<input type="checkbox"/> Delete
NAME	KINZIE, RUTH	
STREET ADDRESS	110 DUNLOP ST., WEST	
CITY-ST-ZIP	BARRIE ONTARIO CANAD.	
TITLE	S	<input type="checkbox"/> Delete
NAME	MULLET, JULIE	
STREET ADDRESS	2051 MAIN ST., 102	
CITY-ST-ZIP	SARASOTA, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	135 Shanty Bay Rd	
CITY-ST-ZIP	Barrie Ontario Canada L4M 1E1	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	135 Shanty Bay Rd	
CITY-ST-ZIP	Barrie Ontario Canada L4M 1E1	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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SIGNATURE:  WILLARD L. KINZIE Date: JAN 12, 2006 Daytime Phone #: 705-237-1881