

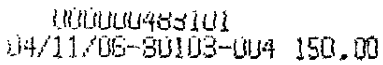
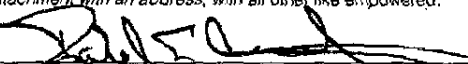


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 401122 1. Entity Name KENDALL MOTORCYCLE, INC.			
Principal Place of Business 1917 N W HWY 19 CRYSTAL RIVER, FL 34428 US		Mailing Address 1917 N W HWY 19 CRYSTAL RIVER, FL 34428 US	
DO NOT WRITE IN THIS SPACE			
		02242006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1420487	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 CONTOPOULO, RALPH E 4986 N TEE PEE DRIVE BEVERLY HILLS, FL 34465		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CONTOPOULO, LYN R 4986 N TEE PEE DRIVE BEVERLY HILLS, FL	 04/11/06-80103-004 150.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CONTOPOULO, RALPH E 4986 N TEE PEE DRIVE BEVERLY HILLS, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CONTOPOULO, CHARLES K 3333 S. MICHIGAN BLVD. HOMOSASSA, FL 34448		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS 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: 		03-25-06 Date	752784832 Daytime Phone #