

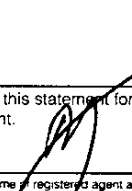



**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90236 024 \*\*\*150.00

DOCUMENT # 418575			
1. Entity Name KENASTON CORP.			
Principal Place of Business 1815 GRIFFIN RD., #301 DIANIA BEACH, FL 33433 US		Mailing Address 1815 GRIFFIN RD., #301 DIANIA BEACH, FL 33433 US	
2. Principal Place of Business 6971 N. FEDERAL HWY Suite, Apt. #, etc. 301 City & State BOCA RATON, FL Zip 33487 Country		3. Mailing Address 6971 N. FEDERAL HWY Suite, Apt. #, etc. 301 City & State BOCA RATON, FL Zip 33487 Country	
04252005 Chg-P CR2E034 (10/03)		14008628 	
4. FEI Number 59-1507873		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLOFSKY, PETER 1815 GRIFFIN RD., #301 DIANIA BEACH, FL 33433		7. Name and Address of New Registered Agent Name PETER WOLOFSKY Street Address (P.O. Box Number is Not Acceptable) 6971 N. FEDERAL HWY, STE 301 City BOCA RATON FL Zip Code 33487	
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:  PETER WOLOFSKY DATE: 4/27/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 PD NAME WOLOFSKY, PETER STREET ADDRESS 1815 GRIFFIN RD., #301 CITY-ST-ZIP DIANIA BEACH, FL 33433	<input type="checkbox"/> Delete	TITLE PD NAME PETER WOLOFSKY STREET ADDRESS 6971 N. FEDERAL HWY, STE 301 CITY-ST-ZIP BOCA RATON, FL 33487	<input checked="" 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
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
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
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		PETER WOLOFSKY 4/27/05 561-995-7485 Date Daytime Phone #	

150