

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 483148

Entity Name: KEN FOSTER, INC.

FILED
Jul 14, 2008
Secretary of State

Current Principal Place of Business:

333 FAULKENBURG RD. N
UNIT B-206
TAMPA, FL 33619

Current Mailing Address:

PO BOX 895
BRANDON, FL 335090895

New Principal Place of Business:

333 FALKENBURG RD. N
UNIT B-206
TAMPA, FL 33619

New Mailing Address:

FEI Number: 59-1623391 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOSTER, KENNETH P.
333 FAULKENBURG RD N, UNIT B206
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

FOSTER, KENNETH P.
333 FALKENBURG RD N, UNIT B206
TAMPA, FL 33619 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

07/14/2008

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FOSTER, KENNETH P
Address: 333FALKENBURG RD. N. #B206
City-St-Zip: TAMPA, FL 33619

Title: V () Delete
Name: REAGAN, NANCY L
Address: 333 FALKENBURG RD N. #B-206
City-St-Zip: TAMPA, FL 33619

Title: S/T (X) Delete
Name: FOSTER, BARBARA J
Address: 333 FALKENBURG RD. N. #B-206
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change () Addition
Name: FOSTER, BARBARA J
Address: 333 FALKENBURG ROAD N, SUITE B-206
City-St-Zip: TAMPA, FL 33619

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA J. FOSTER

Electronic Signature of Signing Officer or Director

S/T

07/14/2008

Date