2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 525558

Entity Name: KINETIC BUILDERS INC.

FILED Jan 05, 2009 Secretary of State

Current Principal Place of Business:			New Principal	New Principal Place of Business:		
6 PARK CIRCLE S.E. POBOX 55 FT. WALTON BCH, FL 32549				6 PARK CIRCLE S.E. FT. WALTON BCH, FL 32548		
Current Mailing Address:			New Mailing A	New Mailing Address:		
	•		_			
6 PARK CIRCLE S.E. POBOX 55 FT. WALTON BCH, FL 32549		549	P.O. BOX 55 FT. WALTON BCH, FL 32549			
FEI Number:	59-1712047	FEI Number Applied For ()	FEI Number Not Applicabl	le () Certificate of Status Desired (X)		
Name and	Address of Cu	rrent Registered Agent:	Name and Add	dress of New Registered Agent:		
FT. WALTO	UDREY DR DN BCH, FL 329					
in the State		bmits this statement for the pur	pose of changing its re	gistered office or registered agent, or both,		
SIGNATUR	:E:					
	Electronic	Signature of Registered Agent		Date		
Election Carr	paign Financing T	rust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () D KIESZEK, PAUL A 45 EAST AUDREY FT WALTON BEA	۸,	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VDS () D KIESZEK, JOSEP 405 HOLMES BLV FT WALTON BEA	H R /D. NW	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	T () D KIESZEK, LARRY 6302 N W 18TH A GAINESVILLE, FL	D, VE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VD () D KIESZEK, MARK I 1221 TWIN BAY E FT WALTON BCH	R., DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VD () D KIESZEK, DAVID 1050 NW 2ND ST GAINESVILLE, FL	J.,	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	DS () D KIESZEK, ANDRE 1050 NW 2ND ST GAINESVILLE, FL	W J	Title: Name: Address: City-St-Zip:	()Change ()Addition		

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: PAUL A. KIESZEK PRES 01/05/2009