

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005825

FILED
Apr 28, 2007
Secretary of State

Entity Name: KINLEY CORPORTION OF NEW YORK

Current Principal Place of Business:

3295 MAPLE AVENUE
ALLEGANY, NY 14706 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1190
OLEAN, NY 147606190 US

New Mailing Address:

FEI Number: 16-0872851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRISAFULLI, JAMES M
2310 S. FISKE BLVD
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KINLEY, JAMES L
Address: 7301 E COMMERCIAL BLVD
City-St-Zip: ARLINGTON, TX 76001 US

Title: V () Delete
Name: CRISAFULLI, JASON M
Address: 3295 MAPLE AVENUE
City-St-Zip: ALLEGANY, NY 14706 US

Title: S () Delete
Name: DIXON, SANDI E
Address: 7301 E COMMERCIAL BLVD
City-St-Zip: ARLINGTON, TX 76001 US

Title: CD () Delete
Name: KINLEY, JAMES H
Address: 3295 MAPLE AVENUE
City-St-Zip: ALLEGANY, NY 14706 US

Title: D () Delete
Name: KINLEY, SARAH C
Address: P.O. BOX 1190
City-St-Zip: OLEAN, NY 14760

Title: V () Delete
Name: CRISAFULLI, JOHN A
Address: 3295 MAPLE AVENUE
City-St-Zip: ALLEGANY, NY 14706 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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City-St-Zip:

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

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: JAMES L KINLEY

PD

04/28/2007

Electronic Signature of Signing Officer or Director

Date