


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000004836**

1. Entity Name  
**KENOM MANAGEMENT INC.**




Principal Place of Business  
**16301 GULF BOULEVARD**  
**REDINGTON BEACH, FL 33738-8125**

Mailing Address  
**P.O. BOX 8125**  
**MADEIRA BEACH, FL 33738-8125**

*3225 MOLEOD DRIVE  
 201/100 LAS VEGAS NV 89121*

**DO NOT WRITE IN THIS SPACE**



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>88-0376268</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HUNT, LUCILLE**  
**FOUR 163RD AVE E**  
**SUITE 8**  
**REDINGTON BEACH, FL 33708**

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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 renewing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE <b>PRES</b>	NAME <b>REDMOND, GEGORY M</b>
STREET ADDRESS <b>501 BOYLSTON STREET</b>	CITY-ST-ZIP <b>BOSTON, MA 02116</b>
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>

**DO NOT WRITE IN THIS SPACE**

00000755912  
 01/29/08-90007-008-150.00

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: *Epila M Lynch corporate agent* 1/15/08 727 3192151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #