2006 FOR PROFIT CORPORATION

FILED Mar 06, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # G71572** 1. Entity Name 03-06-2006 90015 010 ***150.00 KENTA, INC. Principal Place of Business Mailing Address 120 MCCALL RD 207 CADDY RD ENGLEWOOD, FL 34223 ROTONDA WEST, FL 33947 2. Principal Place of Business STREET Suite, Apt. #, etc. 02272006 Chg-P CR2E034 (11/05) Tolly & State 4. FEI Number Applied For 59-2346199 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIEZ, CHARLES JR Street Address (P.O. Box Number is Not Acceptable) 737 S. INDIANA AVENUE ENGLEWOOD, FL 34223 Zip Code 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE □ Defete TITLE NAME CURRY, KENNETH NAME STREET STREET ADDRESS 120 S MCCALL RD STREET ADDRESS Euglewood, Fl. 34223 CITY-ST-ZIP ENGELWOOD,F L 00000, 34223 CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Change ☐ Addition CURRY, ZITA A. NAME STREET STREET ADDRESS 120 S. MCCALL RD. STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, FL 34223 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE