

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G72833

FILED
Apr 10, 2005
Secretary of State

Entity Name: KAMENOFF AND ASSOCIATES, INC.

Current Principal Place of Business:

PO BOX 470643
CELEBRATION, FL 34747 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 470643
CELEBRATION, FL 34747 US

New Mailing Address:

FEI Number: 59-2343173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AARON J GOROVITZ
215 N. EOLA DR
ORLANDO, FL 32801 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: KAMENOFF, MICHAEL A,
Address: 165 MONTGOMERY RD.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPS () Delete
Name: KAMENOFF, BRENDA,
Address: 165 MONTGOMERY RD.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TD () Delete
Name: KAMENOFF, BRENDA,
Address: 165 MONTGOMERY RD.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KAMENOFF, MICHAEL A,
Address: PO BOX 470643
City-St-Zip: CELEBRATION, FL 34747

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 for the exemption stated in Section 119.07(3)(i), 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: MICHAEL A KAMENOFF

PD

04/10/2005

Electronic Signature of Signing Officer or Director

_____ Date