


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90053 022 \*\*\*150.00

|  |         |   |         |
|--|---------|---|---------|
| DOCUMENT # <b>G77545</b>   |         |  |         |
| 1. Entity Name<br><b>KENNETH HUNTER ENTERPRISES, INC.</b>                          |         |   |         |
| Principal Place of Business<br><b>3356 PERIMETER DRIVE<br/>LAKE WORTH FL 33467</b> |         | Mailing Address<br><b>3356 PERIMETER DRIVE<br/>LAKE WORTH FL 33467</b>            |         |
| 2. Principal Place of Business - No P.O. Box #                                     |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |



1st MOORE CR2E034 (10/06)

|   |  |   |  |
|---|--|---|--|
| 4. FEI Number <b>59-2350103</b>                           |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> 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                        |  |  |  | 7. Name and Address of New Registered Agent        |  |          |  |
| <b>HUNTER, ELAINE<br/>3356 PERIMETER DRIVE<br/>LAKE WORTH FL 33467</b> |  |  |  | Name   |  |          |  |
|  |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |          |  |
|  |  |  |  | City   |  |          |  |
|  |  |  |  | <b>FL</b>  |  | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature required with certification)

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS |                       |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                              |                                 |                                   |
|----------------------------|-----------------------|---------------------------------|--|---|------------------------------|---------------------------------|-----------------------------------|
| TITLE                      | DP                    | <input type="checkbox"/> Delete |  | TITLE   |                              | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | HUNTER, KENNETH       |                                 |  | NAME  |                              |                                 |                                   |
| STREET ADDRESS             | 3356 PERIMETER DR.    |                                 |  | STREET ADDRESS  |                              |                                 |                                   |
| CITY- ST- ZIP              | LAKE WORTH FL         |                                 |  | CITY- ST- ZIP   |                              |                                 |                                   |
| TITLE                      | DSV                   | <input type="checkbox"/> Delete |  | TITLE   |                              | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | HUNTER, ELAINE        |                                 |  | NAME  |                              |                                 |                                   |
| STREET ADDRESS             | 3356 PERIMETER DR.    |                                 |  | STREET ADDRESS  |                              |                                 |                                   |
| CITY- ST- ZIP              | LAKE WORTH FL         |                                 |  | CITY- ST- ZIP   |                              |                                 |                                   |
| TITLE                      | DTV                   | <input type="checkbox"/> Delete |  | TITLE   | DTV                          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | HUNTER, HARRY E.      |                                 |  | NAME  | HUNTER, HARRY E.             |                                 |                                   |
| STREET ADDRESS             | 930 STUTVESANT AVENUE |                                 |  | STREET ADDRESS  | 162 HILLSIDE AVE.            |                                 |                                   |
| CITY- ST- ZIP              | UNION NJ              |                                 |  | CITY- ST- ZIP   | BERKELEY HEIGHTS, N.J. 07022 |                                 |                                   |
| TITLE                      | DVP                   | <input type="checkbox"/> Delete |  | TITLE   | DVP                          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | HUNTER, NEIL S.       |                                 |  | NAME  | HUNTER, NEIL S.              |                                 |                                   |
| STREET ADDRESS             | 2405 CENTRAL AVE      |                                 |  | STREET ADDRESS  | 358 RECTOR ST.               |                                 |                                   |
| CITY- ST- ZIP              | ABERDEEN NJ 07747     |                                 |  | CITY- ST- ZIP   | PERTH AMBOY, N.J. 08861      |                                 |                                   |
| TITLE                      |                       | <input type="checkbox"/> Delete |  | TITLE   |                              | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                       |                                 |  | NAME  |                              |                                 |                                   |
| STREET ADDRESS             |                       |                                 |  | STREET ADDRESS  |                              |                                 |                                   |
| CITY- ST- ZIP              |                       |                                 |  | CITY- ST- ZIP   |                              |                                 |                                   |
| TITLE                      |                       | <input type="checkbox"/> Delete |  | TITLE   |                              | <input type="checkbox"/> Change | <input type="checkbox"/> 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 Section 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: Kenneth Hunter **KENNETH HUNTER** 2/9/07 (561) 439-4938  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #