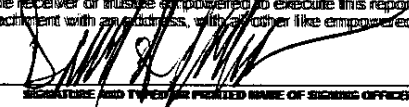


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90244 005 ***150.00

DOCUMENT # H58114 1. Entity Name D & B OF KENDALL, INC.					
Principal Place of Business 17911 S DOXIE HWY MIAMI, FL 33157 US			Mailing Address C/O DAVID A. YARBOROUGH 14200 N.W. 4TH ST SUNRISE, FL 33325 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2655386	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
YARBOROUGH, HAROLD G. 14200 N.W. 4TH ST. SUNRISE, FL 33325				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	YARBOROUGH, DAVID A.		NAME		
STREET ADDRESS	14200 N.W. 4TH ST.		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33325		CITY-ST-ZIP		
TITLE	DP	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	BELL, CYNTHIA A.		NAME	DP	
STREET ADDRESS	9351 S.W. 148 ST.		STREET ADDRESS	BELL, CYNTHIA Y.	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	9351 S.W. 148 ST.	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BELL, RONALD R.		NAME		
STREET ADDRESS	9351 S.W. 148 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		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			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 another like empowered.					
SIGNATURE: 			Date: 5/1/06 (954) 845-1110		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR David Yarborough					