2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Mar 12, 2007 8:00 am ANNUAL REPORT (AR) Secretary of State DOCUMENT # J79260 1. Entity Name 03-12-2007 90095 050 ***150.00 KEN NEAL CORPORATION Principal Place of Business Mailing Address C/O HARRY NEAL C/O HARRY NEAL P.O. BOX 50607 SARASOTA FL 34232 P.O. BOX 50607 SARASOTA FL 34232 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 59-2820643 City & State City & State Applied For Not Applicable Zip Country Country Zip \$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 MILLER, ROBERT L., CPA CACPA ASSOCIATES MILLER, ROBERT L., CPA Street Address (P.O. Box Number is Not Acceptable) 717 MANATEE AVE W 1301 GTH AY W . SOITE 600 STE 200 **BRADENTON FL 34205** CILY BRADENTON EL 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 reunstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TIFLE ☐ Delete □ Change ☐ Addition BLETHEN, CRAIG A. NAME 3939 42ND ST. STREET ADDRESS STREET ADDRESS SARASOTA FL 34235 CITY-SI-7IP CITY - ST - ZIP Delete TIPLE ☐ Change 🔼 Addition JACKSON, JEFFREY H NEAL, HARRY C. 3715-75TH AVENUE DRIVE EAST 5837 27TH AY 5 STREET ADDRESS STREET ADDRESS SARASOTA FL 34243 CITY-ST-ZIP CITY - ST - 71P GULFPORT FL 33717 HILE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP TITLE Delete HILE Change ■ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY - S1-ZIP CHY-SI-7IP HE Delete 111116 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP MÆ ☐ Delete DHE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7IP 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

FILED