


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90052 046 \*\*\*150.00

<b>DOCUMENT # K36041</b>	
1. Entity Name <b>KEHL ENTERPRISES, INC.</b>	

Principal Place of Business <b>4610 BAYVIEW DR FORT LAUDERDALE, FL 33308</b>	Mailing Address <b>4610 BAYVIEW DR FORT LAUDERDALE, FL 33308</b>
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**40018377**



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

02092007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0079633</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>KEHL, CARL J 4610 BAYVIEW DR FORT LAUDERDALE, FL 33308</b>	
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7. Name and Address of New Registered Agent	
Name <b>Nancy Kehl</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>4610 Bayview Drive</b>	
City <b>Fort Lauderdale</b>	Zip Code <b>FL 33308</b>

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: Nancy Kehl DATE: 2-10-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
<b>PST KEHL, CARL J. 4610 BAYVIEW DR FORT LAUDERDALE, FL 33308</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
<b>VP KEHL, CARL J. 4610 BAYVIEW DR FORT LAUDERDALE, FL 33308</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>VP BENEDON, LINDA 10720 NW 55 PL CORAL SPRINGS, FL 33076</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>PSTD Kehl, Nancy 4610 Bayview Drive Ft Lauderdale, FL 33308</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Nancy Kehl President DATE: 2-10-07 (561) 461-4511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR