## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L14632

FILED Jan 14, 2005 Secretary of State

Entity Name: KENNY MONDO ENTERPRISES INC.

Current P	rincipal Place	of Busine	ess:	New Principal Place	e of Business:
4047 OKEE SUITE 230	ECHOBEE BLV	<b>′</b> D.			
	M BEACH, FL	33409	US		
Current M	ailing Addres	s:		New Mailing Addres	ss:
PO BOX 2 <sup>*</sup> ROYAL PA	10933 LM BEACH, FI	_ 33421	US		
FEI Number:	65-0153058	FEI Numb	per Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Na					
BAKER, DA 321 ROYA	AVID H. L POINCIANA I	PLAZA	gistered Agent:	Name and Address	of New Registered Agent:
BAKER, DA 321 ROYA PALM BEA The above in the State	AVID H. L POINCIANA I CH, FL 33480 named entity s e of Florida.	PLAZA US			of New Registered Agent: red office or registered agent, or both,
BAKER, D. 321 ROYA PALM BEA The above	AVID H. L POINCIANA I CH, FL 33480 named entity s of Florida.	PLAZA US ubmits thi		purpose of changing its register	
BAKER, DA 321 ROYA PALM BEA The above In the State SIGNATUR	AVID H. L POINCIANA I CH, FL 33480  named entity se of Florida.  RE:  Electroni	PLAZA US ubmits thi	s statement for the	purpose of changing its register	red office or registered agent, or both,
BAKER, DA 321 ROYA PALM BEA The above In the State SIGNATUR Election Can	AVID H. L POINCIANA I CH, FL 33480  named entity se of Florida.  RE:  Electroni	PLAZA US ubmits thi ic Signatu Trust Fund	s statement for the	purpose of changing its register	red office or registered agent, or both,
BAKER, DA 321 ROYA PALM BEA The above In the State SIGNATUR Election Can	AVID H. L POINCIANA I CH, FL 33480  named entity se of Florida.  RE: Electroni  npaign Financing	PLAZA US  ubmits thi  ic Signatu  Trust Func  FORS:  Delete ENNY,	s statement for the re of Registered A	purpose of changing its register	red office or registered agent, or both,  Date

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: SUSAN MONFORTE VST 01/14/2005