


APPROVED
AND
FILED

07 NOV -8 PM 4:20

**2007 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M36477
1. Entity Name
KENJA VENTURE, INC.



Principal Place of Business
**7565 W. 20TH AVE.
HIALEAH, FL 33014**

Mailing Address
**800 BUSH RIVER ROAD
SUITE B
COLUMBIA, SC 29210**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
390 Union Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 540

City & State
Lakewood, CO

Zip
80228

Country
USA



11052007 Chg-P CR2E034 (12/08)

4. FEI Number
59-2838398

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PURNELL, HAROLD F
215 S. MONROE ST.
SUITE 420
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City
Plantation

State
FL

Zip Code
33324

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 Hiedi M. Liesch
Signature, typed or printed name of registered agent and date if applicable.

Hiedi Liesch
Assistant Secretary

DATE 11-5-07
(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	GAINES, GREGORY K	7565 W. 20TH AVE	HIALEAH, FL 33014	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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
	Troy Lowrie, Pres.	390 Union Blvd., Suite 540	Lakewood, CO 80228	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Micheal Ocello, v/p	1401 Mississippi Ave., Bay 10	Sauget, IL 62201	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Brent Lewis, CFO	390 Union Blvd., Suite 540	Lakewood, CO 80228	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/2007 (303)934-2424
Date Daytime Phone #