

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M36477

FILED
Mar 12, 2008
Secretary of State

Entity Name: KENJA VENTURE, INC.

Current Principal Place of Business:

7565 W. 20TH AVE.
HIALEAH, FL 33014

New Principal Place of Business:

7565 WEST 20TH AVENUE
HIALEAH, FL 33014

Current Mailing Address:

390 UNION BLVD SUITE 540
LAKEWOOD, CO 80228

New Mailing Address:

390 UNION BLVD.
SUITE 540
LAKEWOOD, CO 80228

FEI Number: 59-2838398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOWRIE, TROY
Address: 390 UNION BLVD., SUITE 540
City-St-Zip: LAKEWOOD, CO 80228

Title: CFO () Delete
Name: LEWIS, BRENT
Address: 390 UNION BLVD., SUITE 540
City-St-Zip: LAKEWOOD, CO 80228

Title: VP () Delete
Name: OCELLO, MICHAEL
Address: 1401 MISSISSIPPI AVE., BAY 10
City-St-Zip: SAUGET, IL 62201

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LOWRIE, TROY
Address: 390 UNION BLVD., SUITE 540
City-St-Zip: LAKEWOOD, CO 80228

Title: VP (X) Change () Addition
Name: OCELLO, MICHAEL
Address: 1401 MISSISSIPPI AVENUE, BAY 10
City-St-Zip: SAUGET, IL 62201

Title: S () Change (X) Addition
Name: OCELLO, MICHAEL
Address: 1401 MISSISSIPPI AVENUE, BAY 10
City-St-Zip: SAUGET, IL 62201

Title: D () Change (X) Addition
Name: OCELLO, MICHAEL
Address: 1401 MISSISSIPPI AVENUE, BAY 10
City-St-Zip: SAUGET, IL 62201

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TROY LOWRIE

PRES

03/12/2008

Electronic Signature of Signing Officer or Director

_____ Date