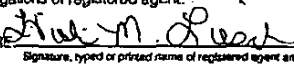
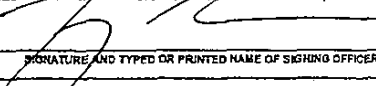


APPROVED
AND
FILED

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2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M44682			
1. Entity Name KENJA II, INC.			
Principal Place of Business 7565 W. 20TH AVE. HIALEAH, FL 33014		Mailing Address 800 BUSH RIVER RD. 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		City & State Lakewood, CO	
Zip	Country	Zip	Country
80228	USA	80228	USA
4. FEI Number 59-2816767		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PURNELL, HAROLD F 215 S. MONROE ST. SUITE 420 TALLAHASSEE, FL 32301		Name CT Corporation System	
		Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
		City Plantation 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 Liesch Assistant Secretary 11-5-07	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAINES, GREGORY K 7565 W. 20TH AVE. HIALEAH, FL 33014 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Troy Lowrie, Pres. ☐ Change ☒ Addition 390 Union Blvd., Suite 540 Lakewood, CO 80228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Micheal Ocello, V/P ☐ Change ☒ Addition 1401 Mississippi Ave., Bay 10 Sauget, IL 62201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brent Lewis, CFO ☐ Change ☒ Addition 390 Union Blvd., Suite 540 Lakewood, CO 80228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100112505331 11/21/07--01026--004 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		11/5/07 303-934-2424	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	