

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M44682

Entity Name: KENJA II, INC.

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

7565 W. 20TH AVE.
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

390 UNION BLVD.
SUITE 540
LAKEWOOD, CO 80228

New Mailing Address:

FEI Number: 59-2816767 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: 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:

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

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

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

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

Title: DIR. () Change (X) Addition
Name: OCELLO, MICHAEL
Address: 1401 MISSISSIPPI AVE., 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

Electronic Signature of Signing Officer or Director

PRES

03/31/2009

_____ Date