2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# M68444

Entity Name: KINDEL LANES, INC.

Current Principal Place of Business:

C/O JEFF KINDELSPIRE
4679 HWY 90
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

C/O JEFF KINDELSPIRE
4679 HWY 90
MARIANNA, FL 32446

New Mailing Address:

FEI Number: 59-2874031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KINDELSPIRE, JEFF
4679 HWY 90
MARIANNA, FL 32446 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: PD ( ) Delete
Name: KINDELSPIRE, JEFF,
Address: 6095 HWY 90
City-St-Zip: MARIANNA, FL

Title: ST ( ) Delete
Name: KINDELSPIRE, LUANN,
Address: 6095 HWY 90
City-St-Zip: MARIANNA, FL

Title: VP ( ) Delete
Name: KINDELSPIRE, JASON
Address: 6095 HWY 90
City-St-Zip: MARIANNA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KINDELSPIRE, JEFF,
Address: 6095 HWY 90
City-St-Zip: MARIANNA, FL 32446 US

Title: ST (X) Change ( ) Addition
Name: KINDELSPIRE, LUANN,
Address: 6095 HWY 90
City-St-Zip: MARIANNA, FL 32446 US

Title: VP (X) Change ( ) Addition
Name: KINDELSPIRE, JASON
Address: 6095 HWY 90
City-St-Zip: MARIANNA, FL 32446 US

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: JEFF KINDELSPIRE PD 04/15/2008

Electronic Signature of Signing Officer or Director — Date