2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N00000005791

Entity Name: KEMP COMMUNITY SERVICES INC.

Current Principal Place of Business:

2111 SW 60 WAY
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

PO BOX 471614
MIAMI, FL 33247

New Mailing Address:

FEI Number: 65-1040605 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ADERINOKUN, ADEOLA C
2340 SOUTH STATE ROAD 7
MIRAMAR, FL 33023 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ADERINOKEN, ADEOLA C
Address: 2111 SW 60 WAY
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete
Name: AJEBIKE, CHRISTINA
Address: 2111 SW 60 WAY
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete
Name: JAMESON, JOE
Address: 2111 SW 60 WAY
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete
Name: DELE, OLU
Address: 2111 SW 60 WAY
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete
Name: BAMJI, DAVID
Address: 2111 SW 60 WAY
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADEOLA C ADERINOKUN P 04/28/2004

Electronic Signature of Signing Officer or Director — Date