2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005791

Entity Name: KEMP COMMUNITY SERVICES INC.

FILED Jan 13, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2111 SW 60 WAY MIRAMAR, FL 33023

Current Mailing Address: New Mailing Address:

PO BOX 471614 MIAMI, FL 33247

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADERINOKUN, CHRISTINE A
2111 SW 60 WAY
MIRAMAR, FL 33023 US

ADERINOKUN, CHRISTINA A
2111 SW 60 WAY
MIRAMAR, FL 33023 US

ADERINOKUN, CHRISTINA A
2111 SW 60 WAY
MIRAMAR, FL 33023 US

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: CHRISTINA ADERINOKUN 01/13/2005

Electronic Signature of Registered Agent Date

City-St-Zip:

OFFICERS AND DIRECTORS:

MIRAMAR, FL 33023

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition
Name: ADERINOKEN, ADEOLA C
Address: 2111 SW 60 WAY
Address: 2111 SW 60 WAY
Address: 2111 SW 60 WAY

City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete Title: () Change () Addition
Name: FALUADE, JOE Name:
Address: 2111 SW 60 WAY Address:

Title: D () Delete Title: () Change () Addition

 Title:
 D () Delete
 Title:

 Name:
 FALUADE, JAMES
 Name:

 Address:
 2111 SW 60 WAY
 Address:

 City-St-Zip:
 MIRAMAR, FL 33023
 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: CHRISTINA A ADERINOKUN DIR 01/13/2005