2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N03000006732



FILED Apr 18, 2007 8:00 am Secretary of State

1. Entity Nam KENSING INC.	STON ES	TATES OF LEGE	ENDS ASS	SOCIATION,				1-10-2007 2	0161 032	01.	
TROPICAL ISLES MANAGEMENT TR 12734 KENWOOD LANE #49 12			TROPIC 12734	nailing Address TROPICAL ISLES MANAGEMENT 12734 KENWOOD LANE #49 FORT MYERS, FL 33907							11
2. Principal Place of Business - No P.O. Box # 3.			3. Mailin	3. Mailing Address							
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			02012007 C	hg-NP	CR2E037	(12/06)	
City & State		City & State				4. FEI Number 57-1187080				plied For t Applicable	
Zip		Country	Zip		Cour	ntry	5. Certificate of S	tatus Desired		8.75 Add e Required	
6. Name and Address of Current Register							7. Name and Ad-	dress of New R	egistered Age	ent	
TROPICAL ISLES MGT. SERVICES, INC. 12734 KENWOOD LN. SUITE 49 FORT MYERS, FL 33907						Street Address (P.O. Box Number is Not Acceptable)					
	•										
						City			FL	Zip Code	9
	named entitions of regis		for the purpos	se of changing its	registere	d office or reg	gistered agent, or both, in	the State of Fig	orida. I am fan	niliar with,	and accept
SIGNATURE .		for printed name of registered age	ent and title if applic	abie. (NOT	E: Regislered	Agent signature re	equired when reinstating)		DATE		
SIGNATURE .	Signature, typed	or printed name of registered age the Is \$61.25 May 1, 2007	ent and title if applic	9. Election Car Trust Fund (mpaign Fi	nancing	\$5.00 May Be	1	OATE lake check p ida Departm	•	
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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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

289 9.85-2.759 Daytime Phone #