

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000007086

FILED  
Feb 14, 2005  
Secretary of State

Entity Name: KINGDOM CONCEPTS, INC.

## Current Principal Place of Business:

301 4TH AVENUE NORTH  
ST PETERSBURG, FL 33701

## New Principal Place of Business:

2958 BELLFLOWER WAY  
LAKELAND, FL 33811 US

## Current Mailing Address:

301 4TH AVENUE NORTH  
ST PETERSBURG, FL 33701

## New Mailing Address:

P.O. BOX 1844  
LAKELAND, FL 33802

FEI Number: 20-0189179

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

WALKER, JOEL  
301 4TH AVENUE NORTH  
ST PETERSBURG, FL 33701 US

## Name and Address of New Registered Agent:

MCCREE, KELVIN R  
2958 BELLFLOWER WAY  
LAKELAND, FL 33811 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: KELVIN R MCCREE

02/14/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MCCREE, KELVIN PASTOR  
Address: 1701 29TH AVE NORTH  
City-St-Zip: ST PETERSBURG, FL 33713

Title: D ( ) Delete  
Name: WALKER, JOEL  
Address: 301 4TH AVENUE NORTH  
City-St-Zip: ST PETERSBURG, FL 33701

Title: D ( ) Delete  
Name: FOLEY, EDWARD  
Address: 1701 29TH AVE NORTH  
City-St-Zip: ST PETERSBURG, FL 33713

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: MCCREE, KELVIN PASTOR  
Address: 2958 BELLFLOWER WAY  
City-St-Zip: LAKELAND, FL 33811

Title: D (X) Change ( ) Addition  
Name: MCCREE, EVETTE  
Address: 2958 BELLFLOWER WAY  
City-St-Zip: LAKELAND, FL 33811

Title: D (X) Change ( ) Addition  
Name: FOLEY, EDWARD  
Address: 2958 BELLFLOWER WAY  
City-St-Zip: LAKELAND, FL 33811

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: KELVIN R MCCREE

PRES

02/14/2005

Electronic Signature of Signing Officer or Director

Date