

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010186

FILED
Mar 08, 2009
Secretary of State

Entity Name: KINGDOM ECONOMIC DEVELOPMENT CORPORATION

Current Principal Place of Business:

6816 49 ST NORTH
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

6816 49 ST NORTH
PINELLAS PARK, FL 33781

New Mailing Address:

FEI Number: 20-0459639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, SHERWIN
6816 49 ST NORTH
PINELLAS PARK, FL 33781 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: DP () Delete
Name: SMITH, SHERWIN
Address: 12081 68 ST NORTH
City-St-Zip: LARGO, FL 33773

Title: DV () Delete
Name: MAURER, RANDALL
Address: 12081 68 ST NORTH
City-St-Zip: LARGO, FL 33773

Title: DST () Delete
Name: FRANKLIN, MAURICE
Address: 2014 54 PL SOUTH #4
City-St-Zip: ST PETERSBURG, FL 33712

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERWIN SMITH

P

03/08/2009

Electronic Signature of Signing Officer or Director

Date