


**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

**40000000**

<b>DOCUMENT # N07000001174</b>						Secretary of State 03-31-2008 90022 047 ****61.25	
1. Entity Name <b>KINGDOM COMMUNITIES, INC.</b>							
Principal Place of Business <b>1415 SHELL FLOWER DR. BRANDON, FL 33511</b>				Mailing Address <b>P.O. BOX 6393 BRANDON, FL 33508</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>SODMONT, PATRICIA M 1415 SHELL FLOWER DR BRANDON, FL 33511</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Patricia M. Sodont</i> DATE <b>3-12-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Filing Fee is \$81.25 Due by May 1, 2008</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT SODMONT, PATRICIA M 1415 SHELL FLOWER DR BRANDON, FL 33511 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	President + Asst. Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SODMONT, CHRISTOPHER J 1415 SHELL FLOWER DR BRANDON, FL 33511 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DOUGLAS, ANN 1813 CITRUS ORCHARD WAY VALRICO, FL 33594 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCOMBIE, BRIAN 2468 BROWNEY ST SARASOTA, FL 34237 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARCHESE, MELISSA 11301 N OLA AVE TAMPA, FL 33612 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer + Director Marchese, Melissa 1306 Village Ct. Brandon FL 33511 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Pat M. Sodont</i>				3-12-08 (813) 661-8120			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			