2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# N95000004756

Entity Name: KENLEY METAPHYSICAL CENTER, INC.

Current Principal Place of Business:

4175 N PINE ISLAND RD
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

4175 N PINE ISLAND RD
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 65-0610534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERGUSON, RECKEL
4966 N UNIV DR
LAUDERHILL, FL 33351 US

Name and Address of New Registered Agent:

FERGUSON, RECKEL
4175 N. PINE ISLAND RD
SUNRISE, FL 33351 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: _____ 04/20/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FERGUSON, RECKEL
Address: 4966 N UNIV DR
City-St-Zip: LAUDERHILL, FL 33351

Title: T ( ) Delete
Name: FERGUSON, PATTI
Address: 20320 NW 36 AVE
City-St-Zip: OPA LOCKA, FL 33056

Title: VPT ( ) Delete
Name: FERGUSON, CYRIL
Address: 20820 NW 36 AVE
City-St-Zip: OPA LOCKA, FL 33056

Title: TS ( ) Delete
Name: RITZ, MAYREEN
Address: 521 AIRPORT RD #146
City-St-Zip: SANTA FE, NM 87507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FERGUSON, RECKEL
Address: 4175 N. PINE ISLAND RD
City-St-Zip: SUNRISE, FL 33351

Title: T (X) Change ( ) Addition
Name: FERGUSON, PATTI
Address: 4035 REFLECTIONS BLVD N #102
City-St-Zip: SUNRISE, FL 33351

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change ( ) Addition
Name: CIASNOHA, LINDA
Address: 8859 SW 49TH ST
City-St-Zip: FT LAUDERDALE, FL 33328

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: RECKEL FERGUSON PD 04/20/2004
Electronic Signature of Signing Officer or Director — Date