
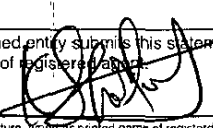
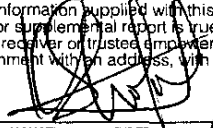


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 22, 2004 8:00 am
Secretary of State

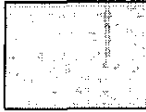
09-22-2004 90002 001 ***150.00

DOCUMENT # P00000090478 1. Entity Name KENNEDEE GROUP, INC.																																					
Principal Place of Business 1612 WEST WATERS AVENUE SUITE 107 TAMPA, FL 33604			Mailing Address 1612 WEST WATERS AVENUE SUITE 107 TAMPA, FL 33604																																		
2. Principal Place of Business 10004 N. Dale Mabry Suite, Apt. #, etc. 112 City & State TAMPA, FL Zip 33618 Country U.S.			3. Mailing Address 10004 N. Dale Mabry Suite, Apt. #, etc. 112 City & State TAMPA, FL Zip 33618 Country U.S.																																		
4. FEI Number 59-3672555			Applied For <input type="checkbox"/> Not Applicable																																		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																																		
6. Name and Address of Current Registered Agent SHOBOLA, KENNETH 16008 MUIRFIELD DRIVE ODESSA, FL 33556			7. Name and Address of New Registered Agent Name Kenneth Shobola Street Address (P.O. Box Number is Not Acceptable) 10004 N. Dale Mabry Suite 112 City TAMPA FL Zip Code 33618																																		
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:  KENNETH SHOBOLA, PRESIDENT. 9/17/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PD SHOBOLA, KENNETH 1612 W WATERS AVE, #107 TAMPA, FL 33604 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHOBOLA, KENNETH 1612 W WATERS AVE, #107 TAMPA, FL 33604 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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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 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 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 607, 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:  KENNETH SHOBOLA, PRESIDENT 9/17/04 (813) 4265419 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																					

24086050



Attachment
24086050
#P00000090478



KENNEDEE GROUP, INC



Kenaday Medical * Ken Drugs * Kenne Dee Locums * Kenne Dee Entertainment

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

September 17, 2004

The attached annual report is being submitted late as a result of our relocation and late receiving of the appropriate forms. Please consider waving the late fees pursuant to 607.193(1)(b), Florida Statutes.

Thank You,

T.E. Gamble