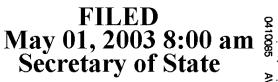
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



DOCUMENT# PU100023583 1. Entity Name KEDO DESIGNS, INC.								05-01-2003 90404 009 ***150.00				
Principal Place of Business 11949 ACME ROAD WELLINGTON FL 33414				Mailing Address 8410 MILDRED DRIVE WEST BOYNTON BEACH FL 33437								
2. Principal Place of Business				3. Mailing Address				: 198:1081 711 8 0:01 11811 8811 8 3 111 81				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City	City & State				. FEI Number 65-1080881 Applied Fo			oplied For ot Applicable	
Zip	ip Country		Zip	Zip		untry 5.		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current	ed Agent				-7. Name and Address of New Registered Agent					
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134						Name Street Address (P.O. Box Number is Not Acceptable)						
						City			FL	Zip Cod	e	
	named entity tions of regist	•	or the purp	ose of changing its	register	ed office or register	red age	ent, or both, in the State of Florida.	I am far	niliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	olicable (NOTI	E. Registere	d Agent signature required	d when rei	instating)	DATE			
Afte	r May 1, 200	! FEE IS \$150.00 I3 Fee will be \$550.00 Florida Department o	f State					Election Campaign Financi Trust Fund Contribution.	ng 🛚		May Be d to Fees	
10.	0.50	OFFICERS AND	DIRECTO	RS	11.		ADI	DITIONS/CHANGES TO OFFICER	S AND D	IRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP		DONÁLD J ME ROAD ION FL 33414		□ Delete						_} Change	Addition	
TITLE NAME STREET ADDRESS CITY*ST-ZIP	SVD WYATT, K 11949 AC WELLINGT	EVIN A ME ROAD ION FL 33414		☐ Oelete		ì				☐ Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		,124a		□ Delete		,] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			☐ Defete] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					C	Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	•					_ Change	☐ Addition	
indicated of the cor	on this repor poration or th	e information supplied with t or supplemental report is the receiver or trustee empi actiment with an address,	s true and owered to	accurate and that re execute this report	the exe ly signal as requi	mption stated in Se ture shall have the s red by Chapter 607	ection 1 same le 7, Florid	19.07(3)(i), Florida Statutes. I furti egal effect as if made under oath; ia Statutes; and that my name app	ner certify that I am bears in B	that the ir an officer lock 10 or	nformation or director Block 11 if	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #