


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # P01000036344 1. Entity Name KINGSHIP BUILDERS AND CONSULTANTS, INC.	
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Principal Place of Business 2 FIRESTONE CIRCLE WEST PALM BEACH, FL 33401	Mailing Address 2 FIRESTONE CIRCLE WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 37-1430662	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

**VILLARI, FREDERICK J
2 FIRESTONE CIRCLE
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLARI, FREDERICK J 2 FIRESTONE CIRCLE WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICCARDI, EDWARD G 110 SILVER BOW TRAIL DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/14/08-80024-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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:  1-2-08 561-248-8786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #