2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000042415

Entity Name: K.N.G. SEASONS INC.

FILED May 18, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	NCASTER RE D, FL 32809)		
Current Mailing Address:			New Mailing Address:	
	NCASTER RE D, FL 32809)		
FEI Number	: 59-3720699	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
874 W LAI	D-GOMEZ, NC NDCASTER F D, FL 32809			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
SIGNATU	RE:			
Electronic Signature of Registered Age			ent	Date
		93(2)(b), F.S., the corporation did nongerous Fund Contribution ().	ot receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D (BALSEIRO-GO 874 W LANDO ORLANDO, FL	ASTER RD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (GOMEZ, GON 874 W LANDO ORLANDO, FL	ASTER RD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (GOMEZ, KATH 874 W LANDO ORLANDO, FL	ASTER RD	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORA BALSEIRO-GOMEZ MRS. 05/18/2009