
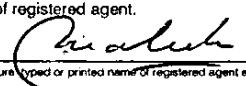
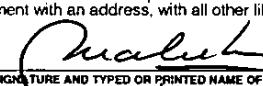


FILED  
Aug 05, 2005 8:00 am  
Secretary of State

08-05-2005 90003 001 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P01000050722			
1. Entity Name KINDER ENTERPRISES CORP.			
Principal Place of Business 478 STONEMONT DR WESTON, FL 33326		Mailing Address 478 STONEMONT DR WESTON, FL 33326	
2. Principal Place of Business 1515 GARDEN Road		3. Mailing Address maru@ernekrr.net 1515 GARDEN ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WESTON, FLORIDA		City & State WESTON, FLORIDA	
Zip 33326		Zip 33326	
Country USA		Country USA	
4. FEI Number 65-1117421		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ERNEKR, MARIA I 478 STONEMONT DR WESTON, FL 33326		7. Name and Address of New Registered Agent Name MARIA I. ERNEKR Street Address (P.O. Box Number is Not Acceptable) 1515 GARDEN ROAD City WESTON FL Zip Code 33326	
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  DATE 8/8/2005 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERNEKR, MARIA I 478 STONEMONT DR WESTON, FL 33326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERNEKR, MARIA I 1515 GARDEN ROAD WESTON, FL 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: 		8/8/2005 954-385 6774 Date Daytime Phone #	