## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P01000081923

Entity Name: KENYON & PARTNERS, INC.

FILED Aug 29, 2007 Secretary of State

Entity Nai	me: KENYON	N & PARTNERS, INC.				
Current P	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:		
2021 E 7TH AVENUE TAMPA, FL 33605			3203 QUEEN PALM DR TAMPA, FL 33619			
Current Mailing Address:			New Mailing Address:			
2021 E 7TH AVENUE TAMPA, FL 33605			3203 QUEEN PALM DR TAMPA, FL 33619			
FEI Number	: 59-3742046	FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address of New Registered Agent:			
PLANT CI	ST KNIGHTS ( TY, FL 33565					
The above in the State	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUI	RE:					
OFFICER	S AND DIREC	nic Signature of Registered Ag		SICHANGE	Date S TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P ( KENYON, DEA	) Delete N HTS GRIFFIN RD	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( HANSEN, TED 9410 WOODB TAMPA, FL 33	AY DR	Title: Name: Address: City-St-Zip:	,	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	BRACE, BUD 8417 KENTO		
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	JEFFREY, SI	E RIVER WAY	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	DIR DILPORT, HE P.O.BOX187 BRANDON, F	3	

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: DEAN S KENYON PRES 08/29/2007